The Canadian Nurse

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THE WAY THE WIND IS BLOWING

It is quite apparent these fine spring days that definite progress is being made "towards action." Ever since the Biennial Meeting there comes word, from every province, of carefully planned campaigns which, once they get under way, may change the whole face of nursing practice. The time is not yet ripe to publish formal reports of any of these plans in the *Journal;* premature publicity might do harm. Nevertheless, in Ontario sufficient progress has been made to warrant publicity in the newspapers and the accompanying article, which appeared in *The Toronto Globe* on March 4, will repay careful study. Headlines are always important since some people read nothing else, so here they are: "Nurses study new service for community. Provincial Government should assist in experiment, they feel. Much discussion." The full text of the article follows:

Plans for the establishment of a proposed Community Bureau of Nursing, with the idea of providing a more adequate nursing service to the public, were discussed by the special committee appointed recently by the Registered Nurses Association of Ontario to study the question at a meeting held over the week-end which was widely representative of the nursing profession. Miss Marjorie Buck, President of the Registered Nurses Association of Ontario, presided at the meeting, and among those who participated in the animated discussion which ensued were: Miss Jean Gunn and Miss Florence Emory, both Past Presidents of the Canadian Nurses Association; Miss E. McKee, superintendent of the Brantford General Hospital; Miss Edna Moore, a member of the Joint Study Committee on Nursing Education; Miss Isabel McIntosh, convener of the committee to study the needs of the non-hospitalized sick in Ontario; Miss Matilda Fitzgerald, secretary of the Registered Nurses Association of Ontario; Miss Ethel Cryderman, superintendent of the Toronto branch of the Victorian Order of Nurses.

It has long been recognized that the nursing needs of the public could be more adequately met if there were a reorganization of the nursing service, it was pointed out. Moreover, at the present time, a large percentage of sick people in Ontario go unnursed, and if Bureaux of Nursing were established throughout the province where all types of nursing service and home help could be obtained, a very urgent need in the community would be met. Such a bureau would arrange for private duty, hourly and visiting nursing service, as well as carefully selected home helpers. It would provide all the nursing needs of a community, it would assist the physician in meeting the special nursing needs of his patients, and it would give the public the assurance of the suitability of the worker for the type of work undertaken.

This committee is planning to make experiments along this line, and it was the unanimous opinion of the group that the Provincial Government should assist in financing such research work during the experimental period. A delegation representing the nursing profession in Ontario met the Minister of Health on February 5, and at that time a request was made for an annual sum, from the moneys paid into the Provincial Department of Nurse Registration by the nurses in Ontario to help establish Bureaux of Nursing. The organized nursing group in Ontario feel that funds for an experiment which would attempt to meet such a vital need in the community should come from the Provincial Government. While awaiting a reply, plans to establish such a service are being carefully considered by this committee.

It would be easy to read an article like this and to dismiss it as "old stuff"

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and as just a repetition of the sort of thing we have been talking about ever since the *Survey* was completed. Quite so—but that is not the point. We nurses have been talking *to each other* about it; now we are talking to the other parties in the contract—the medical profession and the community at large.

Straws in the Wind

This forward thrust on the part of the organized nurses of Ontario is of great importance and, unquestionably, it will have repercussions in the other provinces. But it is by no means the only sign which shows which way the wind is blowing. Nursing groups, especially in the smaller cities, are trying to interpret nursing to their local communities. Here is a case in point: a few weeks ago the nurses in Peterborough arranged an open meeting at which the members of the local Business and Professional Women's Club were present. In an address on nursing service, the speaker tried to explain the nurse's relationship to women in the home. The press gave a good report of the meeting and it is just possible that the women of Peterborough will have a better understanding of what this nursing business is all about when the time comes for the community to take action concerning its support.

Does this mean that nurses should abdicate their right to manage their own affairs and to set their own professional standards? Not at all. For example, that same day in Peterborough the nurses had a closed session of their own. There was frank discussion of nursing problems with which the community is not concerned since they were purely professional in character. In other words, it is perfectly possible to retain our rights and privileges as an organized group and, at the same time, to take our proper share in community enterprise instead of isolating ourselves in a vacuum of "professionalism."

COMING EVENTS

Annual Meeting R.N.A.O.

The Registered Nurses Association of Ontario will hold their tenth Annual Meeting at the Royal Connaught Hotel, Hamilton, on April 25-26-27, 1935. On Thursday, April 25, the reports from the District Associations, and the standing and special committees will be presented. We trust that a large number of the nurses will be present to take part in the discussion of these very important reports. Mr. Louis Blake Duff, President of the Ontario Historical Society, will be the guest speaker at the banquet on Thursday evening. On April 26, the three sections will have their business meetings and the Nursing Education and Public Health Sections will hold their open meetings. At 7 p.m., there will be a Benediction Service at the Basilica of Christ the King. A symposium on "Meeting the community's need for nursing service" is being planned for the open meeting on Friday evening. Those taking part will be Controller Nora Henderson of Hamilton, Dr. G. Harvey Agnew, secretary of the Canadian Hospital Council, and Miss Ethel Johns, editor of *The Canadian Nurse*. The Private Duty Section will hold an open meeting on Saturday morning. This will be followed by a general meeting and the election of officers. A splendid commercial exhibit has been arranged which will be of interest to all nurses.

Refresher Course

The Alberta Association of Registered Nurses is arranging a refresher course for public health, institutional and private duty nurses. Lectures are to be given on April 22 and 23, and arrangements have been made for observation in hospitals on April 24. All graduate nurses are invited to attend. The course will be held in the Medical Building, Edmonton, Alta.

THE MONTREAL NEUROLOGICAL INSTITUTE

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The Montreal Neurological Institute is an integral part of McGill University and, with the exception of its Hopsital Division, is administered by the authorities of the University. The Hospital Division, administered by the Royal Victoria Hospital, consists of four floors, two being for public patients, one for private and semi-private patients, and one for the operating rooms and X-ray department. The total bed capacity is, at present, forty-seven, including a children's ward of six cots. Medical as well as surgical cases are admitted and the services are extremely active, showing a turn-over of approximately seventy-five admissions per month. This affects the nursing situation to a considerable extent since it involves, continuously, the care of acutely ill patients.

Nursing Staff

The nursing staff, appointed by the superintendent of nurses of the Royal Victoria Hospital, is made up as follows: a general supervisor; an assistant who acts as ward teacher and who gives special attention to acutely ill patients, especially to the immediately post-operative; an operating room supervisor and her assistant; a night supervisor; three head nurses; four graduate nurses for general duty; six to eight postgraduate students; from six to eight student nurses. This arrangement has only been in operation since the opening of the Institute five months ago and may be altered later in the light of greater experience.

Equipment

The general plan of the building itself and its carefully chosen equipment combine to facilitate the nursing service. The utility rooms, bathrooms and sterilizing apparatus are conveniently located and are admirably planned to meet the specialized demands of the various services. The ward kitchens are completely fitted out in monel metal and the food, cooked in the main kitchens of the Royal Victoria Hospitals, is brought to the Institute in electrically heated conveyors which, upon arrival, are connected in the ward kitchens. Service to the trays is made from the original containers thus obviating the necessity of transferring and reheating.

Each floor has a continuous bath, located in a separate room, where excitable patients may be treated, or where hydro-therapy may be used for other types of patients. On the private floor, a room equipped with sound-proof ceilings and doors adjoins this continuous bath so that complete quiet and seclusion is assured the patient both during the bath and after it and also prevents other patients being disturbed. All the windows on the hospital floors lock automatically if raised six inches, and can only be raised higher by using a key. They are further protected by unobtrusive wire screens set in metal frames, thus reducing the possibility of accident to a minimum. Each patient is supplied with a light signal which registers in the nurses' offices, kitchens, and utility rooms. This signal can be augmented by a soft buzzer, which can be turned off or on as occasion demands; if, for instance, a patient is being observed for seizures, it is necessary to have instant attention, and the buzzer is turned on. Each bed is supplied with a movable bed light which may be set either in a rod placed in the head of the bed, or in a rod attached to the bedside table. The bed rod may be raised and used as a standard for intravenous injections and, after use, telescoped into the head of the bed again. A number of beds have cot sides, and are used for very restless or irrational patients or those who are having seizures.

All surgical procedures in the public wards are carried out in the dressing

This article is the second of a series dealing with the Montreal Neurological Institute and its nursing service.

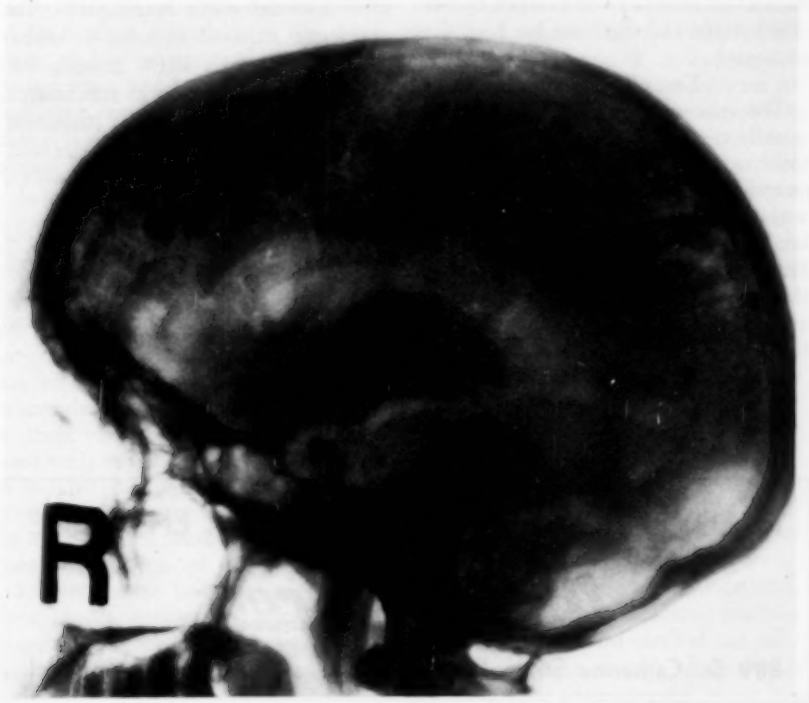
DOING A DRESSING

rooms, the patients being wheeled there in bed. Each dressing room is equipped with two cupboards, two monel metal tables, a steam sterilizer, and a sink. All sterile supplies are prepared by the operating room staff, and are autoclaved or dry-sterilized. Dressings and sponges are wrapped up in packages of different sizes, one or two of which are usually required for each procedure. The equipment in both dressing rooms is arranged on the shelves in the same place; doctors and nurses working on either floor are thus enabled to locate it readily. On the private floor there is what might be called a movable dressing room in the form of a metal dressing carriage, with a swinging tray, which is designed to carry all the necessary equipment for several procedures including solutions; two intravenous and two lumbar puncture sets; a transfusion set; two instrument dishes; dry supplies; needles; syringes; a waste container; a bag for dressing covers. This carriage has been specially designed with a view to the safety of the equipment and to noiseless and easy movement. No dressing instruments are kept ready for use except an emergency set which has been dry sterilized. At all other times the required instruments and a single enamel dish 10″ x 12″ are boiled for ten minutes immediately before the procedure is begun. The doctor wears sterile gloves and himself removes this dish from the sterilizer and places the instruments in it. By so doing the amount of handling is reduced to a minimum and all risk of contamination from this source is avoided. The assisting nurse unwraps sponges and dressings and drops them into the same sterile dish, thus narrowing down the sterile field to a relatively small area, and dispensing with the towels which are usually employed to create it but which, by extending its area, introduce an added risk of contamination.

The simplification of the whole procedure is admirably demonstrated in the accompanying illustration. The dressings

and instruments are seen side by side in the single sterile dish. The doctor wears sterile gloves but not a sterile gown which is regarded as unnecessary if the technique is perfect, and as detrimental in that it expands the sterile field which, as previously explained, it is desirable to limit as sharply as possible. In the illustration, a rubber sheet covered by a sterile towel is shown under the patient's head; this towel, however, is not considered part of the sterile field. It should also be noted that the mattress is elevated, by means of the Gatch frame, so that it is level with the low head rail of the bed thus making it convenient for the doctor who is doing the dressing as well as more comfortable for the patient. Large bulky dressings and bandages are being replaced by light dressings, kept in place over a smaller area by using liquid adhesive; narrow stockinette caps or crêpe bandages are also sometimes employed.

Intravenous infusion, hypodermoclysis, cut-down and lumbar puncture sets are all arranged in enamel dishes, put into heavy cotton bags and dry-sterilized. The lumbar puncture sets contain two glass manometers (No. 1 and No. 2); a three-way stopcock; two lumbar puncture needles (No. 18 and No. 20); two hypodermic needles; one hypodermic syringe; a medicine glass for novocaine; a wooden spatula; a haemostat; six sponges; three test-tubes. A folded dressing towel is tucked in to keep the articles in position and this may be placed over the rubber sheet by the doctor, if desired. The wooden spatula is used to apply sterile vaseline over the point of the needle



AN ENCEPHALOGRAM

puncture; this is covered with sterile absorbent cotton and replaces the usual dry dressing and adhesive. Blood needles and extra lumbar puncture needles are kept ready for instant use in glass test tubes; these needles are inserted in narrow bore glass tubing in order to protect the points; the use of absorbent has been found to dull the point rather than to protect it. A cork of non-absorbent cotton and gauze is firmly tied in place, and the whole dry sterilized. Syringes, brain needles and scalpels are also prepared in this manner and kept for emergency use. Boracic solution and liquid paraffin, both of which are constantly used for dressings, are put up in eight-ounce bottles, corked as described above, put into small cotton bags, pinned and autoclaved; a separate bottle is thus available for each procedure. Bacteriological tests have shown that ordinary corks cannot be rendered sterile and their use has been discontinued.

Encephalography

The making of encephalograms, frequently carried out as a ward procedure, involves the introduction of air or of oxygen into the spinal canal following the withdrawal of spinal fluid by means of lumbar puncture. This air (or oxygen) fills the intracranial spaces and displaces the cerebro-spinal fluid from them. The air (or oxygen) is less opaque to X-Rays than the structures of the brain and consequently its outline can be seen over the surface of the brain and in the ventricles. Distortions of these, such as displacement or pulling can be made out and the nature and location of a lesion can be further determined by this means. The accompanying illustration shows the picture obtained after such a procedure is carried out. The lateral ventricle being filled with air shows up in this reproduction as a light shadow in comparison with the darker shadows about it. The anterior horn, the body, the posterior horn and the inferior horn can all be seen. In addition air is diffusely distributed in the subarachnoid space.

This procedure, which is also occasionally used as a therapeutic measure, was aptly described in a recent telephone enquiry made by an anxious husband: "Please, has the Professor blown the wind into my wife's brains yet?" The equipment required includes a lumbar puncture set, and a sterile dressing dish containing an air bag and its attachments, a 20 or 30 cc. syringe and a haemostat. On each floor there is a metal carrier holding a small oxygen tank which is used for this procedure.

We are still trying to perfect our methods and develop smoother routines, ever keeping in mind the comfort of the patient, the service to our doctors, and the training of our nurses.

(To be continued.)

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SOME NEW THERAPEUTIC AGENTS

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Oxygen and Carbon Dioxide

Oxygen and carbon dioxide have been occupying a large place in medical literature as therapeutic agents for the past few years and from the multitude of claims made for them a few are now proving themselves of real value. The basis of action for both gases is fairly clear. Oxygen is one of the three essentials of life, the other two being food and water, and just as there are conditions in the body which make it difficult to obtain and use food and water, in which cases they must be given by other means, so there are conditions in the body which make oxygen difficult to obtain and use, and these may be overcome to some extent by raising the usual 20% concentration of oxygen in ordinary air to 40 or 50%. Carbon dioxide is one of the normal regulators of breathing; when its concentration in the body is greater than usual it stimulates deeper and faster respiration; when the concentration is lowered breathing returns to the normal level.

In the case of oxygen certain conditions come readily to mind in which the supply may be interfered with, such conditions as asphyxia following drowning, and asphyxia following the inhalation of gases like carbon monoxide. Less obvious are conditions where the poor supply is due to abnormalities within the body, nevertheless they are equally important in their bearing on life; diseases like pneumonia where the interference is due to part of the lungs being filled with exudate, and cases of heart disease where the circulation is weak enough to cause poor oxygenation of tissues. During anaesthesia when breathing is less efficient oxygen again is of value, indeed oxygen is a necessity with nitrous oxide and only its presence in the proper concentration makes gas anaesthesia possible. It has been found, too, that after anaesthesia oxygen is helpful.

In many of these conditions the addition of carbon dioxide is a definite advantage as it tends to stimulate respiration. A fact still unexplained is that in many cases where the concentration of carbon dioxide in the body is obviously too high, the addition of more from outside sources tends to stimulate respiration. The result is that in many of these conditions where breathing is weak, carbon dioxide is an effective stimulant. Many uses for combinations of the two gases are being explored, their administration in asphyxia of the newborn being an important one. Another which bids fair to attract a great deal of attention is their use in the treatment of acute alcoholism where, it is said, that combined with gastric lavage the inhalation of an oxygen carbon dioxide mixture reduces the time required for sobering up from one or two days to a few hours. After anaesthesia by stimulating deeper respiration and therefore fuller expansion of lung tissue they are of definite value in the prevention of post-anaesthetic pneumonias.

These gases were first adminstered by allowing them to flow through tubing to a funnel which was held closely to the patient's nose and mouth. It is well known now that this method is worse than useless, useless because the concentration when actually breathed by the patient is too low to have any effect, and worse in that we expect some result from it and leave undone other things which might help. At present there are three effective means of administration: first, in a tent, second by nasal catheter, and third with an anaesthetic machine and mask. The third method can only be used when one person's whole time is devoted to the administration of the gas and nothing else and is therefore only

This article is the second of a series dealing with new therapeutic agents.

possible for short periods of time. The second method has the disadvantage of being rather uncomfortable for the patient. The method of choice is the oxygen tent. Unfortunately this has meant until recently a very complicated apparatus, but I understand that at the moment this seems unnecessary and if so is a real advance in treatment. An oxygen tent, because the patient's head was wholly enclosed in it, had to be fitted with a cooling apparatus. When however, it was remembered that oxygen is heavier than ordinary air and therefore tends to settle down, it was seen that the apparatus could be simplified by simply putting a box-like arrangement around the individual's head, making it as air-tight as possible at the bottom, with an opening through which to introduce oxygen, and allowing the top to be open. Thus at one stroke most of the disadvantages of the previous method were done away with, the patient's heat was no longer retained around him so a cooling apparatus was not necessary, sufficient concentration of the gas could be obtained, and an opening was always available for nursing purposes.

It has always been of interest to me to see the various stages through which most things progress to their final more or less perfect form. It seems that nearly all men when developing something new tend to develop it in a most complicated form, and only after it has been used for a varying length of time is it simplified to the place where it is really of use to people at large, and those of you who are familiar with the oxygen cooled tent will realize just how much more available is oxygen therapy to patients generally with the simpler apparatus. It means that it is easily portable, can be used immediately whenever required, and can be moved into a home with little bother.

Urinary Antiseptics

I wish now to make a few short remarks about urinary antiseptics. My reason for touching on this subject at this time is not that new urinary antiseptics have been proven effective, but to tell you that they are slowly but definitely being proved ineffective, and to remind you that the best urinary antiseptic is not, in reality, an antiseptic at all. I refer to water. For the past few years the market has been flooded with new so-called urinary antiseptics under various names and guises, and physicians' mail cluttered with rather extravagant claims for these substances. It seems fairly sure now that while most of these substances have certain germicidal powers under ideal conditions most of them are comparatively useless as ordinarily used. Let me emphasize as strongly as possible that one of the most effective means of ridding the urinary tract of infection is to flush it out with plenty of water. In the treatment therefore, of a pyelitis or cystitis this means force fluids, then force fluids, and then force more fluids. Also, remember that our long-time friend hexamine is still our most potent friend in these cases, but only when the urine is kept acid. You will recall that under these circumstances formalin is liberated in sufficient concentration to have some antiseptic action, and to go back to the first point once more, in combination with large amounts of water is curative in many cases.

Water, as well as being an efficient means of promoting urinary antisepsis, is an effective diuretic. There are conditions however in which, because of accumulation of fluids in the body, it is unwise to attempt the production of diuresis by the administration of more water. In these cases various other drugs to increase the flow of urine and so rid the body of excess fluids are necessary. Of the newer diuretics salyrgan is one of the most reliable. It depends to a large extent for its diuretic action on its mercury content, about 36%, and is administered intravenously in doses of 1-2 c.c's. It is one of the most powerful diuretics we have at our command at the present time;

the amount of urine voided by oedematous patients after its use is sometimes startling, increases of one or two quarts daily are not unusual, therefore it is a drug about the use of which we should know. It has been known for some time that the best results were obtained when it was exhibited with ammonium chloride. Now it is being said that salyrgan used with drugs of the caffeine group, particularly theophylline, produces greater diuresis and produces it with smaller doses than if either drug has been used separately. This is of importance as it means that untoward effects and poisoning are less likely to occur from either drug.

It only remains to remind you of the differences between the indications and contra-indications for the use of salyrgan and other mercurial diuretics. Most mercurial diuretics because they depend for their action on the irritating effect of the mercury on the kidney cells, should be used only when the kidneys are healthy, that is when oedema is due to causes outside the kidney itself. Salyrgan is less toxic to the kidney cells and may be used in chronic conditions where the kidney is at fault. The one important contra-indication is any sign of acute nephritis, shown by albumen in moderate to large amounts, and red blood cells in the urine.

Treatment of Burns

One of the most interesting things about preparing a paper of this kind is the number of times one is reminded of the steady advance of medicine and this is well illustrated during the discussion of my next subject. Prior to 1927 the mortality from burns varied between 14% and 25% in the country at large. With the advent of the tannic acid treatment of burns in 1928 there was a sharp reduction in the mortality down as low as 3% to 5% in some hospitals. All of you have seen tannic acid employed in burn cases and realize what a boon it is to patient and attendants. Pain is relieved largely as soon as the tannic eschar forms on the burnt surface, no longer are the painful dressings necessary at frequent intervals, secondary shock is prevented altogether or at worst is much lessened, nursing care is made infinitely easier, the time taken for healing is shortened, and the resulting scars are often less disabling. In spite of all these advantages certain facts concerning the use of tannic acid need constant emphasis.

In the older forms of treatment some oily solution was almost always applied, it served two purposes, kept the air from the burnt surface and relieved pain at the time of application. This is still being done all too often, even in extensive burns, in spite of the fact that after the use of ointments or oils tannic acid cannot be applied without extensive cleansing which may not be necessary otherwise, therefore do not apply any oily substance even as an emergency treatment if the burn is extensive enough to need tannic acid later.

A fact very often overlooked is that tannic acid in solution without preservatives does not keep and if used some time after preparation causes a great deal of pain. The solution had best be prepared immediately before it is to be used. Recently, however, various preservatives have been found to prevent deterioration and have made it possible to keep a solution prepared, one is mercury bichloride in the proportion of 1 to 2000, another which promises to be even better is 1 part of tricresol in 250 parts of the usual 2% solution of tannic acid. The one disadvantage of tannic acid is the fact that infection so often occurs under the eschar, which necessitates cutting the eschar and applying moist dressings. The infection also delays healing by causing the death of the growing tissue. Infection is undoubtedly less than it would be if tannic were not used, but still it occurs and the progress of the burn would be better if it could be prevented. As a result of investigations into this phase of the question

it is now being said that a 1% solution of gentian violet, while doing all that the tannic acid does, prevents the infection. It may be applied without the preliminary cleansing that must be done with tannic acid, unless of course an oil has been applied when the cleansing will need to be done, it forms just as tough an eschar but one that is more pliable and so may be used on surfaces over joints without cracking, and by preventing infection allows growth of all the healthy islands of epithelial cells which may have been spared by the burn. Further work must be done with this drug before it can be said to be as universally applicable as tannic acid, but reports to date would indicate that it possesses certain advantages.

Endocrine Therapy

Most interesting perhaps of all the recent advances in medical knowledge are those which have been made in the fields of endocrinology and endocrine therapy. This field is absolutely fascinating at the present time, fascinating for several reasons, because only recently has some definite knowledge of the physiology of the various glands been proved and because still more recently active endocrine products have been made available for therapeutic purposes. I wish I had time to tell you something of the years of work, work done by men who had no firm basis from which to start their investigations, work yielding apparently contradictory evidence even when done by the same men at different times, from which our knowledge is derived. The intimate inter-relationship between the various glands of the endocrine system and the different actions produced by the same glands at different stages of their cycles of activity were responsible for the apparent lack of uniformity in the results of investigations, and were also responsible for failures to use gland tissues or extracts of the glands clinically. At present, in the case of some glands, we do know what to expect from the use of the glands themselves or their hormones and this field is becoming more and more important. Do not think for a minute we know much about these things; we are only on the fringe of the possible knowledge.

As the hormones concerned in female sex endocrinology are perhaps the most readily available and therefore the most used at the moment we will consider them first. To know what to expect from their use it is necessary to know the underlying physiology of the various glands. We know that in addition to the commonly admitted functions of the pituitary gland it may be considered the originator and governor of the whole female sex cycle. It is a comparatively small gland situated in the sella turcica of the sphenoid bone connected with the brain by its stalk. It is divided into three main parts, the anterior lobe, the posterior lobe and the pars intermedia. First we will discuss the anterior lobe as it seems to be the part most concerned in the sex cycle.

From the anterior lobe come hormones, one of which stimulates growth in inmature animals, and another, the anterior pituitary sex hormone, controls sex function. We will consider, for purposes of this discussion, a normal menstrual cycle, beginning near the end of menstruation. The anterior pituitary sex hormone, acting directly on the ovary, causes ripening or maturation of an ovarian follicle, its rupture and the subsequent formation of a corpus luteum. While the Graafian follicle is growing and approaching maturity it produces another hormone called oestrin, which causes hyperplasia of the uterus and the endometrium. Shortly after the rupture of the Graafian follicle and the expulsion of the mature ovum, somewhere about the twelfth to the fourteenth day of the cycle, the production of oestrin reaches its height, and this hormone seems to act on the anterior lobe of the pituitary in such a way as to lessen the ovarian stimulation responsible for the production of oestrin itself. At

the same time the remains of the Graafian follicle after rupture, that is the corpus luteum, while producing less and less oestrin begins to produce and gives rise to more and more of another hormone called progestin. This hormone modifies the oestrin action and is responsible for the preparation of the new hyperplastic uterine mucosa for the implantation of a fertilized ovum if pregnancy should occur. If not, the corpus luteum undergoes regression, and that along with the still lessening amount of oestrin causes the casting off of the hyperplastic endometrium along with some blood, which is spoken of as menstruation.

To say it another way, and it is worth repeating for purposes of clarity, the anterior pituitary sex hormone acts on the ovary to cause ripening of the Graafian follicle with the production of oestrin, and later causes the formation of a corpus luteum and the production of progestin. Oestrin acts on the uterus resulting in hyperplasia and its sudden withdrawal causes menstruation. Progestin lessens the oestrin effect and prepares the uterine mucosa to receive a fertilized ovum if pregnancy occurs, and if pregnancy does not occur the corpus luteum becomes organized and disappears with marked diminution in the amount of progestin produced. If pregnancy does occur the corpus luteum survives and progestin acts on the ovary itself to prevent the formation and maturation of further follicles.

We will now consider some of the variations of the menstrual cycle which may occur, and their causes as far as they are known. Amenorrhea, or cessation of menses, when not caused by pregnancy or general systemic disease may be endocrine in origin. It is obvious if we admit the pituitary is the motor of ovarian function that hypofunction of the pituitary with a limited production of anterior pituitary sex hormone will result in lack of ovarian stimulation and poor oestrin formation. As plentiful production of oestrin and its sudden withdrawal causes menstruation, the lack of these factors will cause amenorrhea. Occasionally, however, the ovary itself may be at fault in that even with adequate stimulation from the pituitary it does not form oestrin, and in this case the result is amenorrhea also. The conditions may be differentiated by estimating the amounts of each hormone present at definite times during the menstrual cycle.

Menorrhagia, that is profuse bleeding at the usual regular intervals, and metrorrhagia, irregular bleeding, when not caused by non-endocrine factors may also be explained if the physiology is considered. Again, if the pituitary is the motor of ovarian function and if it be able to produce enough oestrin to permit of some uterine hyperplasia, but not enough to result in the formation of a corpus luteum which causes cessation of oestrin formation and the subsequent menstruation, the continued hyperplasia is soon accompanied by necrotic areas from which haemorrhage comes. Remember that various degrees of this hypofunction may occur, and thus we have menorrhagia resulting from slightly diminished anterior pituitary sex hormone production and metrorrhagia resulting from a marked reduction in the amount produced.

These explanations of the causes of some of the pathological states should now aid in attempting to treat the conditions. In the case of amenorrhea where it is due to anterior pituitary hypofunction it should be rational to give anterior pituitary sex hormone, but as this substance has little permanent effect on the parent gland its use is often attended by failure. On the other hand, oestrin because it produces hyperplasia is often effective. Menorrhagia and metrorrhagia, with their causes as we have shown, should best be controlled by progestin, which modifies oestrin action, but progestin is at present not available in dependable concentrations sufficient for

clinical use, therefore will not be considered further. However, we know that the anterior pituitary sex hormone stimulates the ovary to produce progestin and thus the administration of the parent hormone is called for. This is effective, so much so that it is now said to be specific for menorrhagia and metrorrhagia of endocrine origin.

Now I think we are ready to consider the forms in which these products may be given in every-day use; progestin we may leave out as no dependable preparations are available at present. Oestrin is available as theelin, amniotin, and progynon, which may be given by mouth and hypodermic. The administration of these various substances by mouth is, I think, considered the wisest method. Anterior pituitary sex hormone is inactive when given by mouth so that the various forms to be mentioned are all for hypodermic injection. Prolan, follutein, antuitrin S, and A.P.L., whichi is an anterior pituitary-like substance having the same effects as the others on the menstrual cycle. Oestrin must be administered regularly over long periods of time to produce a definite result, anterior pituitary sex hormone should be administered in small doses over periods of weeks where it is used to cure amenorrhea, and in large doses over comparatively shorter time intervals when used to cure excessive bleeding.

Just here I want to mention the placental hormones which have been investigated by Collip. He discovered that from placental substance, whether produced by the placenta or stored there is not yet known, hormones closely resembling the ones we have mentioned could be obtained. Their actions were somewhat different from the true hormones spoken about but were equally effective clinically. One of them which corresponds in many particulars to oestrin, called emmenin, has found a place for itself in the treatment of dysmenorrhea. Where the dysmenorrhea is of the proper type emmenin may confidently be expected to relieve it, in many cases permanently. The other one is the anterior pituitary-like substance, A.P.L., about which we have spoken, used in the treatment of menorrhagia and metrorrhagia.

It has been known for a long time that the posterior pituitary lobe hormone produces two main actions. It causes vigorous contraction of the uterine muscle, as well as a marked rise in blood pressure and increased peristalsis of the intestine. Sometimes one of these actions alone was desired and because of the other the hormone was contra-indicated. This undesirable feature was eliminated recently when it became known there were really two hormones, one responsible for the oxytocic effect, and the other for the effect on the blood pressure and the intestinal muscle. At present the oxytocic principle may be given in the form of pitocin to cause uterine contraction in cases with high blood pressure without raising the pressure, while the vasopressor principle may be given as pitressin to stimulate intestinal contractions without danger of initiating labor in cases of pregnancy.

(To be continued)

THE EDITOR'S DESK

From the Queen

Reference was made last month to the specially bound copy of the Programme of the Pageant offered to Her Majesty the Queen as a souvenir of the Silver Jubilee of the Canadian Nurses Association. Her gracious acknowledgment has been received and its charming reference to the coincidence of the two Jubilees will be particularly gratifying to Canadian nurses:

Buckingham Palace.

Lady Cynthia Colville presents her compliments to Miss Emory and is commanded by the Queen to thank her very much, together with the Canadian Nurses Association which she represents, for the very attractive Silver Jubilee memento of the Canadian Nurses Association, and which has arrived so appropriately in the year of the Silver Jubilee of Their Majesties' reign! The Queen knows well the splendid work carried on by the Canadian nurses and congratulates them warmly on having reached the 25th anniversary of the foundation of their Association, and the kind thought of Miss Emory and of her fellow-members in desiring to present the Queen with a specimen of the Jubilee Souvenir has given Her Majesty very real pleasure.

Readers' Guide

It looks as though we may have to make "Readers' Guide" a permanent feature of this not very exciting page. Somebody told us last month that she found the guide quite useful because "it saves me the bother of reading the rest of the *Journal*." While this was not precisely our aim when we prepared it, we quite got her idea, and after all it is encouraging to be assured that our head lines are worth even a casual glance.

Having indulged in this unseemly exhibition of cattishness we feel very much better and shall now proceed. We make no apology for putting "The way the wind is blowing" on the first page. If after reading it you are not convinced that nursing has struck its tents and is on the march, the spirit of adventure is not in you. Miss Flanagan and Miss Eberle continue their series of articles on nursing in "The Montreal Neurological Institute." The illustrations which add so greatly to its interest were specially prepared for the *Journal*. It was gratifying to be told that Dr. Trenholme Fisher's series of articles on "Some new therapeutic agents" is being found useful by instructors and that Dr. Coward's discussion of "The nervous child" has helped more than one public health nurse to handle normal youngsters intelligently. Under the caption of the Department of Nursing Education we present a clear and well-thought-out article on "Teaching anatomy to nurses" by Reverend Sister M. Annunciata, Reg. N., a member of the teaching staff of the School of Nursing of St. Martha's Hospital, Antigonish, N.S. Our spring crop of newly graduated private duty nurses will find Miss Lamb's practical suggestions about a kit well worth noting, and a glance at the letter which appears on the same page under the familiar caption of "What do you think about it?", might be worthwhile. Miss Helen Buck gives a fascinating glimpse of her experiences as an exchange student, and in "Correspondence" the burning question of education is discussed from a new angle by Miss Bliss. A new name for "Hospital Day" is suggested by Miss Grace Fairley. Why not tell us whether you approve?

Nurse Practice Acts

A committee of the Canadian Nurses Association is now studying the question of Dominion registration. In "Notes from the National Office" the Executive Secretary of the Canadian Nurses Association outlines the educational requirements imposed in existing provincial legislation. There is considerable disparity in this as in other standards. The committee has its work cut out for it but at least it is fortunate that its task lies in Canada rather than in the country to the south of us. There they have forty-nine varieties to reconcile—or is it fifty?

Correspondence

From an Exchange Student

I would like to extend my thanks for the opportunity which has been given me of seeing the London hospitals and of meeting so many of the women who are doing much for the nursing profession in England. They have all been most cordial and have made me feel very much at home. As I landed in Liverpool instead of in London (owing to an accident to the *Ascania*), I stayed over a day there and took the opportunity of seeing a little of the Royal Infirmary. I spent the afternoon and evening at a meeting of the local branch of the College of Nursing at which they had an excellent lecture from one of the medical staff. I should think that this branch is very much alive; the theatre where the meeting took place was packed. Miss Jones, needless to say, gave me a splendid start with her account of various nursing organizations. In London, after an interview with Miss Parsons at the College of Nursing, I found that a programme had been arranged for me which included a stay of varying length in the following institutions: Guy's Hospital; the London Hospital; St. Bartholomew's Hospital; St. Thomas's Hospital; the Middlesex Hospital; University College Hospital.

The first few days at Guy's Hospital I made rounds with the Assistant Matron and visited the different departments, later going back to them at will. I also spent some time in the laundry, kitchens, bakery and workshops. Teaching in the Preliminary School was being "wound-up" for examinations so that I was able to see one group being "finished up" and also the entrance of a new class. The preliminary course lasts for fifteen weeks, with one week's holiday at its conclusion. The actual hours of teaching are much less than ours as students do a great deal of "home work", mending, etc., and take part in the care of the Infirmary. They have one good classroom with splendid equipment; the others are old, but they are fortunate in having excellent teaching facilities in the Medical School which they use to the best advantage. I also went on various excursions with the students.

I spent a good deal of time in the welfare centre, the pre-natal and baby clinic and went out on the district with the nurses. I also had some time in Matron's Office seeing the work of the staff there and also that of the Home Sister. The Christmas festivities rather broke into the routine, but I was much interested in seeing Christmas in an English hospital. I believe Guy's Hospital still does many things that the others do not do. For example, the nurses and Sisters have their Christmas dinner in the wards after the patients have had theirs. Their ward decorations were most elaborate, and concerts and parties for the patients were kept up in the wards for several days.

About this time the College of Nursing had an open week, with interesting lectures and films, which I attended. My time at the London Hospital was limited to two weeks but I seemed to accomplish a great deal, for the Assistant Matron certainly made the best of every minute. The size of it all rather took one's breath away. Think of serving over two thousand people at a meal; still I failed to see any meal that did not look hot and the food was really very nicely served. I have never seen anything like the despatch with which the meals in the nurses' dining room went through, and there, again, everything was hot and well served. Here I spent some time in Matron's Office, the laundry, linen rooms, kitchens, out-patients' department and the dietetic wards, and again went out on the district. I enjoyed the visit to one of the six annexes for convalescent patients. I have already had several excursions with the College of Nursing group to various health and mothercraft centres and to three of the L.C.C. Hospitals, all of which has been most interesting. Apparently each hospital has felt that my education would not be complete unless I saw some good plays, and I certainly am most appreciative.

HELEN S. BUCK.

Cultural Education

I was much interested in the Off Duty page of the January issue of *The Canadian Nurse*. What a pleasure it must have been to hear education discussed by a woman who really knows something about it. Is it possible that the trouble in our schools of nursing may be traced to the neglect of cultural education in our high schools and that we cannot make much headway until both the public and high schools improve?

Sometime ago, at a conference of English headmasters it was decided the "matriculation fetish" demands a high standard in a large number of subjects, but allows little scope for independence of thought, and enforces a certain type of concentrated book-learning which handicaps both pupil and teacher. In

years gone by, children lived with parents who read widely, and were not only encouraged to do likewise but animated discussions of books and current events gave knowledge not now gained in our Canadian schools. Dr. Murray Butler has truly said that England can teach us how we should educate young people culturally—being Canadian-born that hurts—but it is true. I feel our ideas on nursing education (except for the few who have had simple sound education at home and school before they take up nursing) is out of focus, until we get more thorough teaching in our high schools.

MARY BLISS.

The Mission Field

Month by month in our *Journal*, reference is made to nurses out of employment, and schemes are discussed for the relief of the situation. But seldom is there mention of the need of nursing service in the mission field. Why is it that so few doctors and nurses care to answer this call? What are the advantages? Three occur to me: (1) Could any calling be more worthwhile than the double command of Christ "Go ye into all the world and preach the Gospel. Heal the sick." (2) Service in a loved profession. (3) Constant and remunerative employment. Disadvantages? There is but one: separation from home and friends for a brief term of years. Yet, one word of caution. No mission board wants a nurse for but three or five years as some seem to think. Language study alone will take two years. At the same time nothing is binding should one wish to give up the work. Who will face this life? It is a challenge. Do I hear someone ask "What are the qualifications?" A year at least at Toronto or other Bible college. Write to the secretary of the Women's Missionary Society of your church.

"A NURSE WHO KNOWS."

NIGHTINGALE THANKSGIVING DAY

GRACE M. FAIRLEY, Convener of the Nightingale Memorial Committee of the Canadian Nurses Association

For fourteen years we have been educating ourselves and the public to "Hospital Day" and on May 12 of each year hospitals on this continent have recognized this day as one set aside for informing the community at large of the various happenings in, and requirements of their institutions, as well as endeavouring to create sympathetic public opinion. Programmes of various types such as "open house", graduation ceremonies, public meetings, laying of foundation stones, and so on have been planned with success. It is with interest, therefore, that we note that the British nurses have decided to have that memorable date, Florence Nightingale's birthday, known as "Florence Nightingale Thanksgiving Day." Might we not consider re-naming this day to fit in with the decision of the mother country? Individual nurses should express their feelings freely on this matter and it might also be well to approach hospital organizations to get their viewpoint so that the wishes of the majority may be known before we ask our National Association to take action.

Donations to the Foundation continue to arrive but we are yet far short of our objective, and organizations, both provincial and local, as well as married members of the profession, are urged to send in their subscriptions at an early date. Readers are reminded of the decision made at the biennial meeting in Toronto, to award one scholarship annually for five years, of $1,250.00 and a grant of a similar sum towards the permanent endowment. To date only $720.52 has been received. While under existing economic conditions this may appear to be a large sum of money; it could be much increased if each of the 11,148 registered nurses would subscribe twenty-five cents; we should then very soon meet our obligations. Knowing that there are many registered nurses who feel they cannot give at the present time, may we not hope that the seven thousand who are holding positions will send a fifty cent postal note to their provincial convener so that we would have no further anxieties for the present year? Recent donations include the following:

Alberta	
Calgary General Hospital, Calgary, staff and students	$32.00
Central Alberta Sanatorium, Calgary, staff nurses	10.50
British Columbia	
Nicola Valley General Hospital, Merritt	10.00
A.A. Jubilee Hospital, Victoria	10.00
A.A. St. Eugene Hospital, Cranbrook	5.00
Miss A. Courser, Rest Haven, Sidney	1.00
Chilliwack General Hospital, Chilliwack, staff nurses	10.50
Chilliwack General Hospital, Chilliwack, special nurses	3.00
Matsqui-Sumas-Abbotsford Hospital staff	3.00
Manitoba	
Municipal Hospitals, Winnipeg, staff nurses	17.50
Ontario	
Overseas Nursing Sisters Association, Toronto	5.00
Florence Nightingale Association, Windsor	5.00
Ontario Division, Canadian Red Cross Society	25.00
A.A. Hamilton General Hospital, Hamilton	10.00
A.A. Guelph General Hospital, Guelph	10.00
A.A. Sarnia General Hospital, Sarnia	5.00
A.A. Stratford General Hospital, Stratford	5.00
A.A. General Hospital, Chatham	10.00
A.A. General Hospital, Brantford	15.00
A.A. Hospital for Sick Children, Toronto	10.00

THE DIFFERENCE

Sairey Gamp believed in the "bottle on the mantelpiece." Her interest in any 'convention' was limited to not being found out.

Her ideas of Hygiene consisted of keeping herself (and, incidentally, the patient), warm by closely fastening the windows.

Any attempt to present a new idea to Sairey Gamp was an unforgivable insult.

A Window at St Martins House

The Registered Nurse believes in Cheerful and Constant Service.

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Department of Public Health Nursing

THE NERVOUS CHILD

N. BARRIE COWARD, M.D., Halifax, N.S.

Love of Power

In the child the desire to attract attention is natural; it is his love of power, his love of being the centre of the picture. It is his constant desire to make his environment move around him. His methods of attracting attention are numerous and varied, and within the limits of his own power he is a past master of the art. A normal child ought to be able to play by himself, and when he is unable to amuse himself without the stimulus of an adult's help there is something radically wrong. Most of these troubles are due to the intrusion of the adult mind and its contact with that of the child. A child's mind works in a groove, and it delights in repetition. Unfortunately, so much of what is said to him is in the form of "Don't do that", "Don't touch that", "Don't go near there", and the tone used in addressing him attracts his attention to the forbidden object or place, and he repeats the attempt in order to evoke the response from his mother which he has got to know and expect. In evoking this response he merely satisfies his desire to be the centre of the picture. Each clash increases his realization of his own power, and his ability to dominate the scene. This and similar states are usually attributed by the mother to a peculiarly strong will which she thinks can be broken by persistent opposition. In reality the idea that the child has a strong will is an entire misconception. It is not will power, but evidence that the child has mastered his mother's responses and evokes them as he desires. Strength of will and fixity of purpose are two of the last powers which the human mind develops. If no one pays any attention, or if no one reproves, these attempts are soon given up. A child who will play by himself finishes with a brain stimulated, but not tired, but one who is constantly dependent on adult company for stimulation, is bound to suffer from mental irritability and exhaustion, which in turn is often the direct cause of refusal of food, dyspepsia, wakefulness and excessive crying.

Reasoning Power

This is a phase which is markedly underestimated. The child's mental processes, and capacity of understanding speech, are ahead of his power of speech. Because we do not realize this we are apt to tell the child anything which seems likely to fill the purpose of the moment and to flatter ourselves that he believes us. You have all heard mother say to Billy, "If you're not good now, I'll call the policeman." A child of eighteen months is old enough to be talked to reasonably, and if we wish our children to be reasonable, we should speak reasonably to them. These foolish speeches do not quiet or fool the youngster—they only serve to arouse his apprehension as he scents danger in the artifice.

Closely connected with the reasoning power of the child, is his appreciation of right and wrong, or in other words obedience and disobedience. Various degrees of obedience are exacted by different parents from their children, but whatever degree of stringency they adopt, let them see that their attitude is constant. Too severe authority is likely to make the child colorless and uninteresting, and in later life is apt to make him sly and a liar. Demanding continual implicit obedience is likely to make the child too subdued and to encourage the tendency to abandon themselves entirely to the

This article is the second in a series dealing with the management of the nervous child.

supremacy and initiative of others, leading later on in life to an inferiority complex.

Reproof

When punishment is inflicted it should be deliberate. The hasty slap is nothing more than a motor discharge provoked by the mother's own irritable mind, and the child, who is an excellent observer, discerns the truth and measures the frailty of his judge. In reality the little child is peculiarly sensitive to blame, but repeated reproofs make his reproof hardened—a truly sorry state. To indicate displeasure ought to be a momentous thing, not something to be lightly undertaken and immediately passed over. Ask him kindly and quickly to desist, and if he refuses then be aloof from him for a while, until he realizes that he is unpopular. When he does he will quickly stop his misbehaviour. After a child has done wrong and is punished, the mother must be equally ready to accept him back into her confidence from which he has been temporarily banished, without further reference to his misdeed, after allowing him time to reflect on his error.

The child detests the unexplained intervention of force. When used, it is invariably followed by a storm of tears which is not quieted until the forbidden object is given back to him. When this is done the child at once realizes that the force which restrains him can be made to yield to his own efforts. How much easier it is to explain quietly to him that the object, such as a pair of scissors, would hurt baby and show him where to put it out of harm's way. It is only when we have developed the child's reasoning powers, by treating him as a rational being that we can expect him deliberately to defer his wishes to ours, because he has learnt that our requests are generally reasonable.

(To be continued.)

"OUT IN THE STICKS"

Here we are, our black bag duly packed, setting out on a forty-mile journey to Meadow Portage, a small fishing settlement between the Lake Winnepagosis and Lake Manitoba with nothing before us but a snow trail and bush—the people of the district call it "the sticks." The Red Cross nurse stationed at Rorketon is the only medical help within twenty-five miles of Ste. Rose where a doctor is stationed, and she covers this great stretch of land known as the Municipality of Lawrence, including unorganized territory to the north. Livery is provided by the patient desiring her assistance and, with the assurance of a return trip, out she goes, by open sleigh, box wagon or caboose; the latter is literally a covered wagon on sleighs, usually home-made of canvas and heated inside by a stove, which may be anything from an old oil can to an iron barrel.

The driver is clothed in his "parka", a canvas coat with three-cornered cape, which may be pulled over his head for protection. This cape is trimmed with fur and, on a frosty morning, he bears a strong resemblance to Santa Claus with white beard and rosy face. Along we travel, meeting with an occasional caboose, its smoke stack puffing away, the owner of which is taking fish packed in ice for delivery to such distant points as New York where it is served as a luxury at a dollar a fish, he getting perhaps five cents a pound. On we go facing wind, snow and the great open spaces, bells tingling and caboose gradually nearing the completion of its journey. Presently we exchange horses. "Do you know these people from whom you borrow a fresh team", we ask our driver. "No," says he. "Then what proof has he that they will be returned", is the nurse's query. "Just show him your Red Cross button." This is done, and the journey is continued. The black bag is safely guarded for it is the emblem of Red Cross assistance in Northern

Manitoba. We arrive: eyes are peering out of a window, anxious father opens the door, welcome is written on every face. You are ushered into a clean bedroom, the interior of the house having been whitewashed early in the summer, is sparsely furnished but well kept. On the walls are a series of sacred pictures, perhaps ten in number, with artificial flowers between them.

Little time is wasted; the nurse is provided with a basin of water, washes up and gathers what equipment she can from the household. Necessity being the mother of invention, all sorts of things are used. A dishpan for instruments, newspapers for the protection of furniture. Work has now begun and the nurse prepares to give any assistance which may be indicated. Perhaps it is diphtheria antitoxin that is needed or some medication for relief of pain, or, in all probability, she is helping a mother who is about to be confined. Before leaving, advice is given as how to carry on for the necessary number of days. Hot coffee and home-made bread is given the nurse and a hearty "thank you", and she returns to her headquarters thankful for a courageous driver, trusted friends and for an organization that supports her in the work of amelioration of suffering and the prevention of disease.

EDNA WALKER,
Red Cross Nursing Outpost,
Rorketon, Man.

The Central Registry Graduate Nurses
Phone Garfield 0382
Registrar:
ROBENA BURNETT, Reg.N.
91 Balsam Ave., Hamilton, Ont.

THE
Manitoba Nurses' Central Directory
Phone 27 700
510 MEDICAL ARTS BUILDING
Winnipeg, Man.

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Department of Nursing Education

TEACHING ANATOMY TO NURSES

REVEREND SISTER M. ANNUNCIATA, Reg. N., St. Martha's Hospital, Antigonish, N.S.

The study of anatomy is difficult, but the instructor can make it both interesting and fascinating. Anatomy has a certain mathematical quality which demands exactness and accuracy and a multiplicity of new terms must be learned which will frequently re-appear in other subjects. In fact, these terms must become a fixture in the mind, and a permanent part of the professional vocabulary of the properly educated nurse. Hence the exact nature of the subject and the number of new terms to be learned in a comparatively short time are the factors which render the subject difficult to master.

The student nurse should be helped to realize early that general notions about the subject, such as she experienced in high school regarding history and geography are of no advantage. She must be thoroughly impressed with the fact that anatomy calls for clear, definite answers and not merely general remarks. The mental pictures formed by the instructor must be exact in outline and clear in quality, if the best results are to be attained. When a problem is understood its solution is in sight. Lack of aim and lack of analysis in struggling with a problem usually spell failure.

Presentation

The instructor should be a thorough master of her subject. This implies a knowledge and background enriched by reading and studying the larger anatomical texts and other books, so that she will possess the power of illustration in teaching her subject. In teaching professionalized courses one should strive to avoid being academic. To lead the student to the point where the subject ceases to have professional value is a serious error. One who can relate the study of human structure and function of the wonderful processes of human development is capable of holding the student's attention, and instead of anatomy being looked upon as a boring and difficult study it may become intensely interesting and absorbing.

Teaching Methods

The oral quiz is highly important in teaching anatomy, and the first ten minutes of the class period should be devoted to it. If this quizzing presents good questions the time might profitably be extended. Pointless questions and rambling answers should be avoided but good questions stimulate thought and are actually productive. The instructor should first present the question and then call upon the student. If there is a delay in answering, or if there is only a hazy, indefinite statement, the question should be passed on without being repeated. Every student in the class should be made to feel responsible for the question which is passed along. The technique used by the teacher is highly important. It may be the means of creating in the student a favourable, receptive state of mind by provoking alertness and a sense of responsibility, or, on the other hand, it may unfortunately degenerate into a mere routine of questions and answers. The instructor should use the new words that appear in each lesson and thus encourage the students to enlarge their vocabulary. Difficult words and terms should be written on the blackboard. The daily quiz stresses the necessity of constant and careful preparation of lessons. The student who allows her work to pile up is creating new difficulties for herself. The baneful practice of trying to accomplish in a few

hours what should be covered in a few weeks should be discouraged.

The students should be encouraged to ask questions during quiz or lecture. In this way the principle of the socialized recitation method is exercised. The instructor should guide the discussion with tact and discretion in order that the best results may be reaped. The main purpose of these questions should be kept before the mind's eye, namely to clear misunderstandings, to solve difficulties and to encourage the student to participate more fully in the exercises.

The use of note books is recommended to aid the memory and understanding and to stimulate regular preparation of lessons assigned. The note books should contain drawings of anatomical structures, bones, muscular attachments, viscera and such. The use of coloured lead is valuable in drawings. Visual memory is very helpful in recalling and in mastering the subject. Occasionally the note books may be submitted to the instructor for constructive criticism.

Demonstration of anatomical material is essential. An adult skeleton should be in every classroom. Skeletons of a fetus, infant, and young child would add greatly to the interest of the class and are valuable for comparative purposes. Charts hung by the roller-shade arrangement are convenient, and should form part of the equipment of every classroom. Preserved specimens showing ligaments, heart, especially fresh beef heart, brain, and round steak bone to show marrow and periosteum are valuable and can be had without difficulty. Surface anatomy is intensely interesting and most practical. The location of bony points, mastoid processes, maxillia, frontal and maxillary sinuses, clavicles, fontanels, acromial processes, styloid processes, cervical prominence, hip joint, head of fibula, malleoli, triangle of neck, arches of the feet and other important parts offer a most interesting study. We have been favoured with classes in biology, through a summer school course, given by the University of St. Francis Xavier, which offers a splendid opportunity for learning modern methods in teaching anatomy. The dissection of animals and other features of the course proved of great practical value to those who were so fortunate as to receive this benefit. Without an opportunity for study, without proper laboratory facilities, the efforts of the teacher are fruitless. The laboratory should be open to the students, and generous opportunity for study of bones, manikin and charts provided.

Summary

To sum up briefly the general principles of teaching anatomy to student nurses, we find that in these living graphic studies impressions are formed in the mind of the student that are lasting because the teachings are true to nature and to fact. The actual visualizing of the size, location and action of organs, offers an interesting modern method of enabling the student to obtain and retain a thorough knowledge of anatomy. Lectures, combined with discussions between instructor and pupils, reviews both oral and written, demonstration of material and laboratory exercises, all help to overcome the difficulties which the subject presents.

In conclusion, I wish to emphasize the necessity of arousing enthusiasm and interest in the class. Enthusiasm is defined as "a God-inspired quality of interest and devotion to the work in hand, lifting its possessor over obstacles and carrying him forward in the face of opposition. It makes work a joy instead of a drudgery, constantly leading to better performances. It is the divine spark that kindles the torch of progress." Unquestionably, enthusiasm cannot be taught but the method employed in presenting the lesson will go a long way towards creating it. Thus interest is awakened and there is instilled into the class a hearty desire to know more about the human structure which the study of anatomy offers.

Department of Private Duty Nursing

A HANDY KIT FOR PRIVATE DUTY

MARY LAMB, Private Duty Nurse, Ottawa, Ont.

The efficient private duty nurse is just as particular about keeping her equipment in order as the public health nurse is about the contents of her all-important bag. Here are a few practical suggestions as to what you will need: *Instruments* for doing ordinary dressings. *A hypodermic set* in good working order. *A clinical thermometer*: You can usually convince a neurotic patient that you are a splendid nurse by taking the temperature and pulse frequently. *A hot water bag outfit*: This is quite an asset. Just imagine in a country home, miles away from the nearest store, giving an enema to an infant with a medicine dropper, or attaching rubber tubing to a tea pot or kettle. *Rubber cot sheet*: This can be purchased for less than fifty cents. Paper is so bulky for the protection of furniture and bedding. *Charts*: These can usually be purchased at the registry or at a drug store, and bill forms can be got from any stationer. *Flash light*: This is handy in case the lights go out, or for seeing your way about the house during the night. It can also be used at the summer cottage. *Toilet paper*: This is a necessity not always found in every home.

Here are a few hints which may come in useful:

Draughts from open windows can be avoided by placing a screen, or clothes horse with a sheet over it, in front of the window, or by pinning a towel or heavy piece of material across the lower window.

A funnel for the steam kettle can be made from rolled cardboard.

To sterilize dressings in a home, bake them in an oven at 350° for an hour. Bed pans can be kept warm during the night by placing them over the coils, or near a grate or warming with a hot water bottle if there is no hot water available. The taps generally make so much noise at night and a warm pan seems to be one of the little things that count. The output of urine can be measured by placing a strip of adhesive up the side of a jar and, with the aid of a measuring cup, marking the adhesive two ounces at a time.

Regarding uniforms you will find a number of people who object to bibs and aprons on the ground that they are so noisy at night, especially going up and down stairs.

WHAT DO YOU THINK ABOUT IT?

I was quite indignant when I read the statement that graduate nurses are being displaced because they are becoming commercialized as a result of their high education. As I see it that is most certainly not true; no commercially-minded girl will devote from three to five of the best years of her life in order to fit herself for the task of caring properly for the sick. Only the ambition to give of our very best can urge us to better fit ourselves for this immense task. I admit that practical nurses surpass us in the housekeeping end of nursing in a private home, and the fault lies mostly with our training schools. Practical nurses are generally older women who have had experience with housekeeping whereas graduate nurses left their homes at an age when they would have learned most and have lost the art of good housekeeping. As a matter of fact, if other training schools are like mine, we are moulded into taking the attitude that housekeeping is a menial job and far below a nurse's social status. When that unworthy attitude is discarded and nurses-in-training are taught how to cook patients' meals and also meals for the patient's husband and child, and how to order supplies for a home, then we shall all be better private nurses. In the meantime, however, do not let anyone say that practical nurses are better nurses, or are more humane, kinder or more sympathetic than are graduate nurses.

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Book Reviews

TEACHING IN SCHOOLS OF NURSING, by Alice M. Jackson, M.A. (Cantab.), B.A. (Lond.); and Katharine F. Armstrong, D.N. (Lond.), S.R.N., Sister-tutor at King's College Hospital, London. With an introduction by Cyril L. Burt, M.A., D.Sc. (Oxon), Professor of Psychology, University College, London. 248 pages. Price six shillings. Faber and Faber, Ltd., 24 Russell Square, London, W.C. 1.

"The growth of knowledge is from the particular to the general, from the incomplete to the more complete, from the vague to the definite, and from the concrete to the abstract." Manifestly this quotation embodies the doctrine of the authors of this new contribution to nursing literature. They display keen appreciation of the needs of all those responsible for teaching nurses and great skill in showing how those needs may be supplied. This book is in two sections; in the first, Miss Jackson lays emphasis on the psychological approach to learning and teaching. These principles she has applied to nursing with consummate skill because she has avoided technicalities and has interpreted, in the light of their every-day job, what has been to many nurses just dry general psychology. The chapter on interest and attention demonstrates our point: in showing how these two processes dove-tail, Miss Jackson emphasizes the position they occupy in the teaching and learning methods and challenges the ward-sister and the sister-tutor, to try to discover the pupil's interests and to nurture these by providing suitable environment for their growth. In the event of inattention, she asks what causes it. Fatigue? Ill health? Is the tutor guilty of failing to arouse interest because the presented material bears no relation to practical experience? Is the presentation boring with useless repetition, or (this we feel touches the quick) has the tutor failed to stress those unattractive bits of learning which are the very means whereby the pupil's imagination is stirred? For example, it is via the difficult anatomical terms that the pupil learns the wonders of the human body. The privilege of the tutor is to keep the flame of the desire for knowledge aglow by a sympathy which does, in part, itself create interest. This chapter, while intended to show the practical application of two interdependent mental processes, reveals a subtle diagnosis and a splendid prescription. In the second part, Miss Armstrong presents the curriculum as based on the syllabus of the General Nursing Council and suggests ways and means for its successful teaching. She also stresses principles that are universally applicable, such as the introduction of elementary science before the teaching of anatomy and physiology and the importance of the loyalty and understanding that should exist between sister-tutors and ward-sisters. Especially did we like her reminder that a sister-tutor should have wide and accurate knowledge of her subject matter and bring a critical analysis to her preparation in order to determine what is really essential; also her recognition of the ward-sister's unique position as a teacher, and the plea that she be given time to teach properly. The most erudite pedagogue of nursing, and the young sister beginning the adventure, are alike greatly in the debt of Miss Jackson and Miss Armstrong.

NORENA MACKENZIE,
Assistant Instructor of Nurses,
Montreal General Hospital

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

Legal Enactments

Among the routine annual work at the National Office of the Canadian Nurses Association is the revision of information in reference to laws and regulations governing the registration of nurses in Canada. Recently, with the aid of the provincial registrars, the current revision was completed. Some time ago a study of application forms for provincial registration was made in order to learn the possibility of drafting a uniform simplified form of registration for use in cases of reciprocity between the provinces, pending the inauguration of Dominion Registration. This study showed that the existing difficulties of interprovincial reciprocal registration could not be eliminated until there is more uniformity in minimum educational requirements and in curricula in schools of nursing throughout Canada. The recent revision of laws and regulations on registration shows that several provinces have raised the standard of preliminary educational requirements of applicants to schools of nursing. Also, the preparation of a minimum standard curriculum is progressing under the direction of the Central Curriculum Committee of the Nursing Education Section, C.N.A. Therefore, it is anticipated that interprovincial reciprocal registration difficulties may be eliminated within a year or two.

Educational Requirements

A brief resumé of preliminary educational requirements as now in force in each province has been prepared:

In *Alberta* all applicants to schools of nursing must satisfy the Senate of the University of Alberta that they have passed the Grade XI Examinations of the Department of Education of the Province or have the equivalent educational standing.

In *British Columbia* the regulations require Junior Matriculation standing of all applicants to schools of nursing.

In *Manitoba* the standard of attainment in general education must be equal to Grade X or its equivalent as approved by the University of Manitoba.

In *New Brunswick* Junior Matriculation (Grade XI) standing is required.

In *Nova Scotia* the present requirement is Grade X but after October 31, 1936, Junior Matriculation, Grade XI, will be demanded.

In *Ontario* two years high school work or a satisfactory equivalent is required.

In *Prince Edward Island* applicants must have obtained Junior Matriculation standing.

In *Quebec* three years high school, or its equivalent, is necessary.

In *Saskatchewan* recent amendments to the Regulations Governing Hospitals require as academic qualifications for admission of student nurses Grade XI or its equivalent as recognized by the Department of Education. This amendment is to come into force on January 1, 1936.

Forthcoming Meetings

At a meeting of the Executive Committee of the Canadian Nurses Association, held in Regina, on March 23, the dates of the eighteenth General Meeting of the Association were set for June 29 to July 4, 1936. The meeting is to be held in Vancouver, B.C. Annual meetings of Provincial Associations of Registered Nurses to be held in April 1935, are:

British Columbia: in Vancouver, on April 22 and 23..

Ontario: in Hamilton, at the Royal Connaught Hotel, April 25, 26 and 27.

Saskatchewan: in Saskatoon, April 25 and 26.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

EDMONTON: The Edmonton division of the nursing education section has, during the past few months, conducted a programme of outstanding value and interest. The meetings were held in turn in the University Hospital, the Royal Alexandra, the Edmonton General Hospital and the Misericordia Hospital. The topics included the following: 1. Newer treatments: (*a*) Care of the newborn during the first twelve hours of life; (*b*) Hydrating fluid feedings for infants. 2. Treatment of chorea with typhoid vaccine. 3. Orthopaedic treatments: (*a*) Poliomyelitis during the active period; (*b*) Poliomyelitis treatment during convalescent and orthopaedic period when a visit was made to the swimming pool of the University Hospital. 4. Newer dietary treatments; (*a*) Nutrition clinic for pre- and postnatal cases; (*b*) Diabetic treatment. 5. "A History of Nursing Pageant." 6. The newer drugs. In April the programme will provide for a discussion of the report of Curriculum Committee of the Canadian Nurses Association, and case studies will be presented by students from various schools of nursing.

EDMONTON: The Misericordia Hospital Alumnae Association entertained Miss Cecelia MacAnally at a farewell party held in her honor on February 25. A popular member of the hospital staff for the past three years, Miss MacAnally will shortly take up residence at Berwyn. Bridge prizes were drawn for, and Miss C. MacAnally and Miss S. Dumas were the lucky winners. A meeting of the association was held recently when the following officers were elected for 1935: Honorary president, Rev. Sister Superior; president, Miss E. Redge; vice-president, Sister Ste. Christine; secretary, Miss L. Miller; treasurer, Miss A. McMillan; social convener, Miss A. Swaboda; press representative, Miss H. Kelley; nominating committee, Sister Ste. Christine.

MEDICINE HAT: The annual meeting of the Medicine Hat Graduate Nurses Association was held recently and much satisfaction was evinced when the reports were read and Mrs. Keohane, the president, gave a resumé of the year's activities. Mrs. Keohane was re-elected to the presidency with the following executive: first vice-president, Mrs. Crockford; second vice-president, Miss May Reid; secretary, Miss Crandall; treasurer, Miss F. Smith; committee conveners: membership, Miss C. Walker; flower, Mrs. W. Fraser; private duty, Mrs. C. Pickering; visiting, Mrs. W. Fraser; correspondent to *The Canadian Nurse*, Miss M. Hagerman. A special meeting was called to hear Miss Charlotte Maberley, president of the Group Nursing Society, Calgary, explain the plan and show what had already been accomplished in Calgary by the society. Mrs. Keohane, Mrs. Pickering and Mrs. Fraser were hostesses.

BRITISH COLUMBIA

NELSON: A meeting of the Nelson Graduate Nurses Association was held recently at the Kootenay Lake General Hospital. The guest speaker was Miss Laura Holland, who gave an interesting address on child welfare work. She also gave an outline of what nurses in the province were doing, and what it would be advisable for them to do, in connection with the proposed compulsory health insurance, and warned her hearers that it was the duty of every member of the profession to take part in the work. The meeting was conducted by Miss Vera B. Eidt, president of the association.

NEW BRUNSWICK

SAINT JOHN: A meeting of the Saint John Chapter N.B.A.R.N. took place on February 18, when an excellent lecture was given by Dr. V. D. Davidson on "Bad surgical risks."

SAINT JOHN: A series of bridges are being conducted to raise funds for a tennis court for the Saint John General Hospital. Miss M. Murdoch, superintendent of nurses, and Miss H. Wetmore are conveners.

SAINT JOHN: A well attended meeting of St. Joseph's Hospital Alumnae Association was held recently. The members of the 1935 class held an enjoyable bridge, the proceeds of which are to be used for furnishings in the nurses home.

MONCTON: A meeting of the Moncton Chapter of the N.B.A.R.N. was held recently when Professor Fraser of Mt. Allison University gave an interesting talk on "The strength of the nurse." The local chapter recently held a bridge when about $25.00 was realized.

ST. STEPHEN: A meeting of St. Stephen Local Chapter was held recently when a discussion took place on eight-hour duty. A recommendation was sent to the Executive Committee of the N.B.A.R.N. suggesting that this subject be discussed at the annual meet-

ing. Five dollars was voted to the Nightingale Memorial Fund. Twenty-five members remained to enjoy a supper bridge and an invitation was received from Miss M. Butler to hold a party at her home. However, owing to a severe storm, the party had to be held in the Rotary Club Rooms and proved very enjoyable. Sympathy is extended to Miss G. Hughes, in the death of her nephew and also to Mrs. R. Mallory (née Edna Walters) in the death of her infant son.

WOODSTOCK: A successful dance was held recently under the auspices of the Alumnae Association of the L. P. Fisher Memorial Hospital. About eighty couples were present and a substantial sum of money was realized.

NOVA SCOTIA

HALIFAX: The Halifax Branch of the Registered Nurses Association of Nova Scotia recently had the privilege of an address by Dr. Wilson, of Dalhousie University, who spoke on his travels in Russia. He was assisted by Professor Adshead, also of Dalhousie, who exhibited lantern slides which were taken on this journey. A meeting of the executive committee of the R.N.A.N.S. was held recently. There was an excellent attendance, most of the outside branches being represented. The branch is giving a refresher course, which is open to all graduate nurses for a small fee. Unemployed nurses have been invited to attend free of charge. The programme has been arranged as follows: "Essentials of nutrition", by Miss Ellen Todd, dietitian at Victoria General Hospital, Halifax and on the same evening, Miss Steele, supervisor of the Halifax Branch of the V.O.N., spoke on "Some food problems in homes." During March, Dr. J. W. Merritt spoke on "Metabolism"; Dr. Gerald Burns on "Nephritis"; Dr. Clyde Holland on "Diabetes", and Dr. J. W. Reid on "Diet in some gastro-intestinal disorders." On April 1, Dr. Ian Macdonald speaks on "Weight regulation—fads and facts."

ONTARIO

DISTRICT 1

LONDON: A meeting of the Ontario Hospital Alumnae Association was held recently with Miss N. Williams presiding; she was appointed to work with city groups regarding private duty organization of which Miss Madeline Baker (St. Joseph's Hospital) is the general convener. It was decided to again donate $50.00 to the Nightingale Memorial Foundation. The members are deeply interested in the fund, as Miss Mary L. Jacobs, superintendent of nurses at the Ontario Hospital, is a member of The British College of

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Nurses. Refreshments were served by the hostess, Mrs. W. Soutar, assisted by Misses F. Ball and M. Stapleton. Miss Adeline Evans (Victoria Hospital, 1933) has been appointed head nurse in the obstetrical department of the Sarnia General Hospital.

WINDSOR: At the annual meeting of the Alumnae Association of the Hôtel-Dieu Hospital it was decided to establish a scholarship fund of five hundred dollars, to be raised in various ways during the year. Miss LeBlanc, Miss McCutcheon and Miss Hoy of the Public Health Department, Windsor, recently attended the refresher course for supervisors offered under the auspices of the School of Nursing of Toronto University.

DISTRICTS 2 AND 3

LISTOWEL: A new organization came into being recently when the Registered Nurses met to form the Graduate Nurses Association of Listowel. The membership includes inactive as well as active members of the nursing profession, and will fill a long-felt need. Miss Anne MacMillan, superintendent of the Memorial Hospital, acted as hostess and the following officers were elected: President, Mrs. T. G. Anderson; vice-president, Miss F. Urquhart; secretary-treasurer, Mrs. D. Lucas; social directress, Miss B. Hood.

STRATFORD: The winter meeting of Districts 2 and 3, R.N.A.O., was held at the Stratford General Hospital recently, when Dr. David Smith, president of the Stratford Medical Association, addressed one hundred nurses and stressed vital points worth remembering from the standpoint of the superintendent's responsibility and the duties of the staff of the hospital towards nurses in training. The appreciation of the meeting was conveyed to Dr. Smith on motion of Miss C. Murphy and Miss J. E. Watson. Representatives were in attendance from Woodstock, Kitchener, Elmira, Guelph, Brantford, Galt, Waterloo, Listowel and Stratford. The visiting nurses were guests of the Stratford General Hospital and the Alumnae Association.

BRANTFORD: The alumnae association of the Brantford General Hospital recently entertained the Florence Nightingale Club, both groups being well represented. The association held a tea recently, the proceeds going to aid the Blanche Neff Ward and the permanent education fund. Miss Jessie Gibson was a recent guest at the Brantford General Hospital; she was assistant superintendent for seven years. Miss D. H. Arnold, teacher and supervisor of practical nursing, Miss G. V. Westbrook, supervisor of the children's department,

and Miss C. E. Jackson, director of nurse education of the Brantford General Hospital recently attended the refresher course at School of Nursing of the University of Toronto, and presented interesting papers. Dr. J. H. Holbrook, of the Mountain Sanatorium, Hamilton, recently addressed a staff conference on tuberculosis among student nurses. The following week Dr. C. C. Alexander, Brant Sanatorium, spoke on tuberculosis in the community. Both addresses were much enjoyed.

DISTRICT 5

MIDLAND: St. Andrew's Hospital, Midland, has been undergoing a series of changes in the nursing staff. Miss Vivian Lamb, who was night supervisor for five years, was married to Mr. Maurice Soden. Miss Ida Blair, of Orillia, who for five years was assistant superintendent, married Mr. Otto McMahon. Miss Jean Tannahill has accepted the position as assistant superintendent, and Miss Bessie Faint as night supervisor.

DISTRICT 6

PETERBOROUGH: Chapter C, District 6, held a meeting recently with our new president, Mrs. La-Plante, presiding. A refreshing and instructive talk was given us by Mr. Piper on "Canadian Poetry." The officers for the coming year are: chairman, Mrs. La-Plante; vice-chairman, Mrs. Leeson; secretary-treasurer, Miss A. Price; nursing education, Miss Walsh; membership convener, Miss Anderson; private duty convener, Mrs. Hickey; publication councillor, Miss S. Armstrong; programme committee, Misses A. Dobbin and L. Stewart; nominating committee, Miss Lauder.

PETERBOROUGH: The Nicholls Hospital Alumnae Association recently held their annual bridge with a large attendance; the proceeds are to be used for supplying hospital equipment.

DISTRICT 9

TIMMINS: Miss H. E. Smith attended a meeting of the Timmins nurses on February 4 and organized a Chapter of the R.N.A.O., which will include the nurses of Timmins, South Porcupine and Dome. This is the fifth Chapter to organize in District 9 since January 1931. The district Chapters are holding their annual meeting in April; the present officers will carry on until June and the new officers will take office at the commencement of the fall term.

GRAVENHURST: The Gravenhurst Chapter R.N.A.O., held a successful bridge and dance on February 14. The tables were placed together in banquet fashion and a most enjoyable time was spent.

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DISTRICT 10

PORT ARTHUR: A meeting of District 10 of the R.N.A.O. was held in the Port Arthur General Hospital recently. Owing to the absence of the president, Miss V. Lovelace, the chair was taken by the vice-president, Miss Hamilton. The occasion took the form of a public health meeting and papers were given on school nursing by Miss Hubman, of Fort William, and Miss Hamilton. Extracts from a paper delivered by Dame Janet Campbell during her visit to Canada were read. Miss Hamilton, who attended the Board of Directors meeting in Toronto, gave her report. A social hour was enjoyed when refreshments were served by nurses of the hospital.

FORT WILLIAM: Miss Mary Lowe, graduate of the McKellar Hospital, Fort William, is taking a three-year course at The Toronto Bible College. Miss Betty Bull (McKellar Hospital, Fort William) has completed post-graduate courses in obstetrics and gynecology at the Royal Victoria Hospital, Montreal, and is now on the staff of the Verdun Protestant Hospital.

PORT ARTHUR: The St. Joseph's Alumnae Association Valentine Bridge was very successful. Receiving the guests were Miss Lamminen, president of the association, and Miss Hamilton.

MARRIED: On December 17, 1934, Miss Mary Louise Livingston (McKellar Hospital, Fort William), to Mr. Frederick Godfrey Stafford.

QUEBEC

MONTREAL: CHILDREN'S MEMORIAL HOSPITAL: The Alumnae Association of the C.M.H. gave a delightful tea at the hospital on March 2 in honour of Miss A. S. Kinder, Lady Superintendent, who resigned early in the new year, at which the staff presented her with a handsome travelling bag. Miss A. S. Kinder was "at home" to the Graduate Staff of the C.M.H. on March 5 when dancing and bridge were greatly enjoyed. The regular meeting took the form of a progressive game party. A small fee was charged so as to increase the scholarship fund. A new ward of thirty-one beds, for cardiac patients, was opened recently, with Miss C. McIntosh (C.M.H., 1931), in charge.

MONTREAL: ROYAL VICTORIA HOSPITAL: The monthly meeting of the Alumnae Association was held on February 13, when Sir Andrew MacPhail gave an interesting address on "Nurses I have known."

MARRIED: On February 9, 1935, Miss Ella Van Allen (R.V.H., 1921), to Mr. Fred V. Winters.

SASKATCHEWAN

REGINA: At a recent meeting of the Alumnae Association of the Grey Nuns Hospital there was an attendance of twenty-six members. Father Gondeau was the guest speaker, and the sum of $100.00 was voted for the nurses' relief fund, $10.00 to the Nightingale Memorial Fund and $10.00 to the Local Council of Women Milk Fund. A bridge tournament, sponsored by the association and convened by Mrs. G. Lewis (G.N.H., 1923), earned $135.00 for the relief fund. Dr. Middleton, director of the department of communicable diseases in the Provincial Department of Health, addressed the March meeting, which took the form of a banquet at the Grey Nuns Hospital.

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A National Conference

The National Conference of the Canadian Public Health Association, the Canadian Tuberculosis Association and the Canadian Social Hygiene Council will be held at the Royal York Hotel, Toronto, from June 3 to 5 inclusive. The section of public health nursing, under the chairmanship of Miss Elizabeth Smellie, C.B.E., is planning a programme which is certain to be of interest to all nurses.

Among the speaking visitors expected are Surgeon General Cumming of the United States Public Health Service; Dr. E. L. Bishop, Commissioner of Health for the State of Tennessee and President of the American Public Health Association; Dr. C. L. Scamman, Director of the Division of Public Health of the Commonwealth Fund; and Dr. John A. Ferrell, of the International Health Division of the Rockefeller Foundation. There will be nine section meetings of the Canadian Public Health Association. Each of the following sections of the Canadian Public Health Association will provide one or more of the morning sessions: Public Health Engineering, Laboratory, Epidemiology and Vital Statistics, Public Health Nursing, Industrial Hygiene, Mental and Social Hygiene. Clinical and formal sessions of the Canadian Tuberculosis Association are being planned for each morning.

A New Appointment

After fourteen years of service in the Department of Public Health, of the city of Toronto, Miss Mary B. Millman is resigning her position in order to become a member of the teaching staff of the School of Nursing of Toronto University. Very well known in Toronto, Miss Millman needs no introduction to readers in any part of Canada for she will be remembered for her fine staff work as convener of the committee on arrangements at the Biennial Meeting. She brings to her new post many qualities which will be valuable in dealing with students, notably an excellent grasp of the principles and methods of supervision. Miss Millman holds the degree of Bachelor of Arts of the University of Toronto and is a graduate of the School of Nursing of Bellevue Hospital, New York. She had considerable experience in social settlement work and has rendered sterling service as president of the Registered Nurses Association of Ontario as well as taking an active part in committee work of all kinds. Her many friends will wish Miss Millman every success in her new task.

Miss Mary Millman

A Fine Record

Much to the regret of all who have been associated with her, Miss Annie S. Kinder has resigned her position as superintendent of nurses in the Children's Memorial Hospital, in Montreal. The Board of Directors, her staff and her pupils have all expressed to her the high regard in which she is held. During her period of service the hospital has developed into one of the finest institutions of its kind in the country. While the building up of a nursing service was Miss Kinder's chief interest she never forgot her responsibilities as a teacher of nurses and, even though it entailed personal sacrifice on her part, she displayed both foresight and courage when the school of nursing on which she had spent so much energy was discontinued and the educational opportunities of the hospital were made available for affiliating and postgraduate students. The best wishes of her colleagues and her other friends will follow Miss Kinder in any task which she may undertake in the future.

OVERSEAS NURSING SISTERS ASSOCIATION

HAMILTON UNIT: Miss M. Cowan presided at the annual dinner of the Hamilton Unit of the Overseas Nursing Sisters Association, held recently. Rev. Dr. Kilpatrick delivered one of his characteristically witty and stirring addresses. Lieut.-Col. D. P. Kappele was unavoidably absent and Mr. R. A. C. Hogarth ably filled in, telling his audience interesting items regarding the 1936 Vimy pilgrimage. Miss Cowan proposed the toast to The King and Miss G. Walker proposed the silent toast to departed members. To Miss Rayside, a beloved comrade, Miss R. Galloway proposed the toast and Miss Williams proposed the toast to "Our Guests", Miss Hamilton, of Toronto, gracefully responding. Those at the head table were: Misses Cowan, Boyd, Galloway, Hamilton, Long, Chisholm, Williams, Walker, King, Foster, Mrs. Turner, Mrs. Gillespie, Dr. Kilpatrick and Mr. Hogarth.

TORONTO UNIT: An enjoyable tea was given on February 23 by the Toronto unit, at the home of Dr. V. Silverthorn. The guests numbered more than one hundred. Miss Laura Gamble (president), Miss Hartley, Miss Hamilton and Mrs. Driver, sister of the hostess, assisted. Mesdames Scott, Hart, Henson and Bell presided at the tea table and were assisted by Mrs. C. W. MacQueen (convener), Mrs. Heakes, Mrs. Collier, Mrs. Mills, Mrs. Humphrey, Miss Hill, Mrs. James, Mrs. McDougall, Miss Farr and Miss Monk.

VANCOUVER UNIT: Mrs. J. B. Rose was recently elected president of the Vancouver Unit Overseas Nursing Sisters Association, other new officers being: vice-president, Miss H. H. Rice; secretary-treasurer, Mrs. J. M. Brough; executive committee, Mrs. A. E. Cunningham, Mrs. Slevin and Miss H. Stark; convener of social committee, Mrs. George Stead; convener of membership committee, Miss Dorothy Jefferson, press representative, Miss Jane Johnston. The retiring president, Miss Laura Holland, C.B.E., A.R.R.C., gave a report of the activities of the year, especially stressing the increase of out-of-town members and the interest of those who, unable to attend meetings, still feel the association the only tie with overseas days. Reports were read by the secretary-treasurer, showing a membership of sixty-seven. The guest speaker, Mr. McNicol, provincial secretary of the Canadian Legion B.E.S.L., gave an interesting talk on the work of the Canadian Legion, inviting the association to take out a charter. Refreshments were served, Mrs. B. Heyer and Mrs. King Brown presiding.

OBITUARY

CUMMINS—At Braeside, London, on December 14, 1934, Mrs. W. Cummins (Lady Smith), a graduate of Victoria Hospital School of Nursing, London, class of 1902. Mrs. Cummins was a life member of her Alumnae Association and served it as secretary-treasurer for ten years. She joined the Graduate Nurses Association of Ontario in 1910 and was a member until her death. Mrs. Cummins was an ardent supporter of all nursing activities, although she has not been in active practice since 1908. Her passing will be deeply regretted by her many friends.

HISCOCKS—A great loss has been sustained by the nursing profession in the death, which occurred recently, of Miss Gladys Hiscocks, a graduate of St. John's Hospital, Toronto. Having taken the course in teaching and administration at the School for Graduate Nurses of McGill University, Montreal, she accepted the position of instructor of nursing in the Grant Macdonald Training School, in connection with the Toronto Hospital for Incurables, where she was at the time of her death; she also assisted on the teaching staff of the Toronto General Hospital. In 1928 she went abroad on a Rockefeller Foundation Scholarship, and upon her return was connected with the course in instruction and administration at the School of Nursing of the University of Toronto. Failing health compelled her to relinquish many of her duties, her last work having been done at the Toronto Hospital for Consumptives, Weston, where,

as always, she endeared herself to students and colleagues alike. Her interest in the welfare of the individual nurse, and in the nursing group at large, was very real, and her passing is keenly felt by all who were privileged to be closely associated with her. All who were her pupils, those who worked with her, and those who ministered to her in her long weeks of suffering, alike pay tribute to the greatness of soul and breath of vision of a noble woman, whose removal leaves the world poorer. They feel that perhaps "in some larger room" she still is working towards the fruition of much she held dear.

Miss Frederica Wilson

WILSON—On February 18, 1935, at her home in Whonnock, B.C., Frederica Wilson entered into rest. She was a graduate of the School of Nursing of the Winnipeg General Hospital and, after holding several staff positions, rendered outstanding service for several years to that institution in the capacity of superintendent of nurses. She was an able administrator and also an excellent teacher, especially of the arts and skills of bedside nursing. At a time when the school was passing through a phase of active expansion and growth she guided its development with intelligence, tact and charm. Miss Wilson was ardently devoted to outdoor life and, following retirement from her position at the Winnipeg General Hospital, purchased a small ranch at Whonnock which gave her infinite pleasure until the outbreak of the War recalled her to the practice of nursing. In July 1915, Miss Wilson was appointed Matron of No. 5 British Columbia Hospital Unit and after remaining in London for a time was assigned to West Cliff Hospital, Folkestone, until she left with other members of the Unit for the east, arriving in Cairo two days before Christmas. After six weeks of active service there the Unit was transferred to Salonika. In 1917 Miss Wilson suffered a breakdown in health and was transferred to England and appointed Matron of West Cliff Hospital; later she was then sent to France as Matron of No. 2 General Hospital, Le Tréport. In 1919 she was transferred to Canada and served as Matron of the military hospital in Calgary prior to her discharge from the C.A.M.C. While in Salonika she was awarded the Royal Red Cross (first-class) with which she was invested at Buckingham Palace after her return to England. As soon as she was released from her military duties she returned to her ranch and, until she met with a severe accident several months ago, led the outdoor life she so greatly enjoyed. Miss Wilson will be deeply regretted by nursing colleagues and by her overseas comrades and will be remembered with gratitude and affection by the many students in whom she awakened a keen appreciation of the difficult and beautiful art of nursing.

Ranged in a quiet place we see
Their mighty ranks contain
Figures too great for victory,
Hearts too unspoiled for gain.
To us who still do battle here,
If we in aught prevail,
Grant Lord a victory not too great
Or strength like theirs to fail.

. . . OFF . . . DUTY . . .

The climate of Montreal . . . being what it is . . . we daily spread a table . . . all last winter . . . out on our eyebrow of a balcony . . . for uncounted sparrows . . . and three grackles . . . We come honestly by our interest in birds . . . because one of our not very remote ancestors . . . was a knowledgeable man . . . when the folk ways of gulls were in question . . . Not long ago . . . in an English periodical . . . we saw him quoted as "still an authority" . . . Then we remembered a favorite story of his . . . about a gentleman who kept quite an aviary . . . of tropical birds . . . and taught them to do all sorts of amusing tricks . . . in the performance of which they evidently took quite a pride . . . One little dun-coloured bird, however, was modest and retiring . . . not to say sulky . . . while these performances were being given . . . by his more gifted and gaudy associates . . . The kindly gentleman noticed this . . . and took special pains . . . to encourage him . . . but the only response was that the bird . . . disdainfully fluffed out his feathers . . . in such a fashion . . . as to look just like a miniature owl . . . However, as time went on . . . after the other birds has been put through their paces . . . for the benefit of admiring visitors . . . the gentleman would say to the discouraged one . . . "Do your little owl, my dear" . . . and he would promptly respond . . . evidently with a sense of happy accomplishment . . . which restored his self-respect . . . and assuaged his inferiority complex . . . We think there was a moral hidden in this story . . . but we have forgotten what it was . . . Nevertheless we can still hear . . . that kind deep voice saying . . . "Do your little owl, my dear" . . . Now we must get back to our three grackles . . . we diagnosed them as an old married couple . . . and a bachelor uncle . . . who watched their marital bickerings . . . with a cynical interest . . . not unmixed with envy . . . They always came for meals together . . . but would fly away if one dared to spy on them . . . from behind the window curtains . . . One fine Sunday however . . . the window was wide open . . . and the three were perched on the balcony rail . . . gorged to repletion . . . on some lovely mutton fat . . . They were so near that we could have put out our hand . . . and touched the shining feathers . . . but we did not stir . . . The wild bright eyes looked at us . . . and for a moment . . . there was no fear in them . . . then there was a flash of wings . . . and they were gone . . . Now the days are growing milder . . . and our hospitality is scorned . . . except by the bachelor uncle . . . who still looks us up occasionally . . . especially on chilly mornings . . . and recalls us to a sense of duty . . . by darting up and down in front of the window . . . if his wooden bowl is empty . . . However we fear that even he . . . will soon desert us . . . In fact we thought we saw him . . . the other morning . . . in full flight . . . with a long straw in his beak . . . His winter companions were not with him . . . but he was not alone . . . Something tells us we may have to "do our little owl" . . . next winter by laying in an extra supply . . . of mutton fat . . . especially on cold mornings . . .

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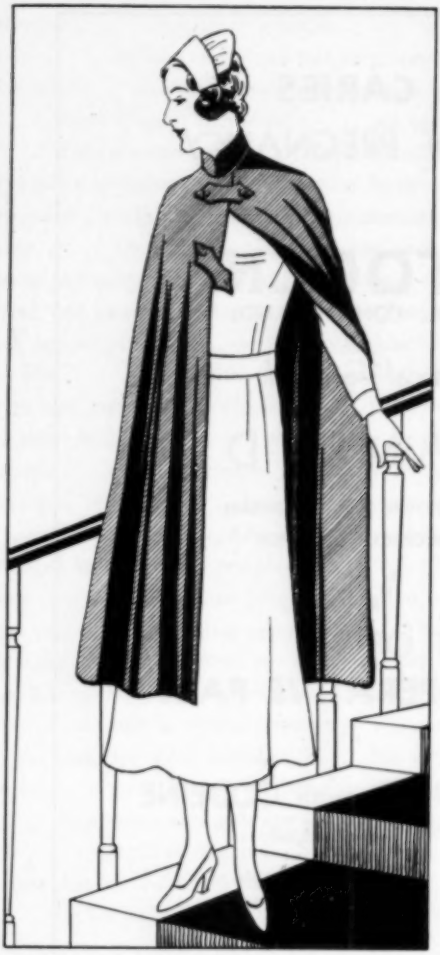

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MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss E. Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Eva McNally; First Vice-President, Mrs. L. Fletcher; Second Vice; President, Miss V. Vance; Secretary, Miss Dorothy Longley, Mental Hospital, Brandon; Treasurer, Mrs. M. Long, Dominion Bank Bldg., Brandon; *Committee Conveners:* Press, Miss Helen Morrison; Sick Visiting, Mrs. J. R. Fisher; Welfare, Miss E. M. Higgens; Social and Programme, Mrs. E. Hanna; Cook Book, Mrs. A. Kains; Private Duty, Mrs. L. Fletcher, Miss Isobel Knox; Registry, Miss C. MacLeod.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents: Miss Bliss and Miss Clark; President, Mrs. G. Mulligan; First Vice-Pres., Miss A. Church; Second Vice-Pres., Mrs. J. Bell; Treasurer, Mrs. F. White; Secretary and Representative to *The Canadian Nurse*, Miss H. Durant, 42 Main St. East; *Committee Conveners:* Social and Flower, Mrs. G. Mulligan.

QUEBEC

Graduate Nurses Association of the Eastern Townships

Hon. President, Miss V. Beane; President, Miss E. Bean; Vice-President, Miss G. Dwaine; Corresponding Secretary, Miss F. Wardleworth; Recording Secretary, Miss Harvey; Treasurer, Miss Margaret Robins-Representative to *The Canadian Nurse*, Miss C. Hornby, Box 324, Sherbrooke; Representative, *Private Duty Section*, Miss E. Morrissette.

MONTREAL

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss A. Jamieson; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Registrar, Miss K. Bliss; Relief Registrar, Miss G. Stalker; Convener, Griffintown Club, Miss G. Colley. Regular Meeting, Second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss A. Meadows; First Vice-President, Mrs. Metcalfe; Second Vice-President, Miss C. Kier; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Registrar, Mrs. Metcalfe; *Committees: Nursing Education*, Mrs Young, Sr. Mary Helena; *Public Health*, Miss Smith; *Private Duty*, Miss Cowgill and Miss Coventry; Programme, Miss L. Carter; Press, Miss Mutrie; Social, Miss French; Sick Visiting, Miss Armstrong; Representative to *The Canadian Nurse*, Miss M. Armstrong.

Alumnae Associations

ALBERTA

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Miss K. Brighty; Vice-President, Miss I. Johnson; Second Vice-President, Miss E. Miller McManus; Secretary, Miss L. Einarson; Corresponding Secretary, Miss G. McDiarmid; Treasurer, Miss A. Oliver; *Committee Conveners:* Programme, Miss G. Allyn; Social, Miss V. Kelly McNeil; Sick Visiting, Miss J. Munro; Membership, Miss M. Cullerne.

A.A. University of Alberta Hospital, Edmonton

Hon. President, Miss E. Fenwick; President, Miss M. Bowman; First Vice-President, Miss A. Baker; Second Vice-President, Miss M. Hood; Recording Secretary, Miss M. Douglas; Corresponding Secretary, Miss M. Story, 11134-90 Ave.; Treasurer, Miss J. Lees, University Hospital; *Executive Committee:* Mrs. F. Beddome, Misses A. Dickson and P. McConachie.

A.A., Lamont Public Hospital

Hon. President, Mrs. A. E. Archer; President, Mrs. B. I. Love; Vice-President, Miss O. Scheie; Secretary-Treasurer, Mrs. C. Craig, Namao; Corresponding Secretary, Miss F. E. Reid, 1009-20th Avenue, W., Calgary; Convener, Social Committee, Mrs. R. Shears.

BRITISH COLUMBIA

A.A., Vancouver General Hospital

Hon. President, Miss G. Fairley; President, Mrs. E. Pringle; First Vice-President, Mrs. K. L. Craig; Second Vice-President, Miss M. Lunan; Secretary, Miss I. Collier; Corresponding Secretary, Miss J. McTavish, Vancouver General Hospital; Treasurer and Bonds, Miss O. Bealby, Vancouver General Hospital; *Committee Conveners:* Programme, Miss M. Tennant; Membership, Miss M. Ferris; Sick Visiting, Miss H. Arnold; Refreshments, Miss M. Pooley; Sewing, Mrs. L. Gordon; Press, Miss B. Haddon; Mutual Benefit Association Representative, Miss H. Campbell; Representative, V.G.N.A., Miss Rhodes.

Royal

A.A., Jubilee Hospital, Victoria

Hon. President, Miss L. Mitchell; President, Miss J. Moore; First Vice-President, Mrs. Yorke; Second Vice-President, Miss M. Mirfield; Secretary, Mrs. A. Dowell, 30 Howe St.; Assistant Secretary, Miss C. M. Cox; Treasurer, Miss J. Stewart; *Committees:* Entertainment, Mrs Russell; Sick Visiting, Miss E. Newman.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss M. B. Allan; President, Miss Alice McAuley; First Vice-President, Miss Elsie Fraser; Secretary, Miss W. M. Barratt Children's Hospital; Treasurer, Miss F. McLeod; Sick Visiting, Miss Ditchfield; Entertainment, Mrs. Geo. Wilson.

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause; President, Miss K McCallum, 181 Enfield Cr., Norwood; First Vice-President, Miss H. Stephen, 15 Ruth Apts., Maryland St., Winnipeg; Second Vice-President, Miss M. Madill, St. Boniface Hospital; Secretary, Miss J. Archibald, Shriner's Hospital, Winnipeg; Treasurer, Miss E. Shirley, 14 King George Ct., Winnipeg; *Social Committee:* Miss E. Banks (Convener), 64 Cross St., Winnipeg, Miss J. Williamson, Miss A. Nelson; *Sick Visiting Committee:* Miss T. Grenville (Convener), 211 Hill St., Norwood; Miss K. Rowan, Miss J. Greig; *Press Representative*, Miss B. Altman, 420 College Ave., Winnipeg; *Representatives to Local Council of Women:* Miss B. Altman (Convener), Miss B. Chandler, Miss M. Spooner.

A.A., Winnipeg General Hospital

Hon. President, Mrs. A. Moody, 97 Ash St.; President, Miss E. Parker, Ste. 25, Carlyle Apts., 580 Broadway; First Vice-President, Mrs. C. V. Combes, 530 Dominion St.; Second Vice-President, Miss J. McDonald, Deer Lodge Hospital; Third Vice-President, Mrs. J. S. Ward, 197 Beaverbrook St.; Recording Secretary, Miss A. Effler, Ste. 12½ Diana Crt.; Corresponding Secretary, Miss M. Graham, Winnipeg General Hospital; Treasurer, Miss M. Duncan, Winnipeg General Hospital; Representative on Training School Committee, Miss K. McLearn, Shriners' Hospital; *Committee Conveners:* Membership, Miss I. Ramsay, Central Tuberculosis Clinic; Sick Visiting, Miss J. Morgan, 102 Rose St.; Entertainment, Mrs. C. McMillan, Hertford Blvd., Tuxedo; Special Committee, Miss P. Brownell, 215 Chestnut St.; Alumnae Club, Miss F. Tretiak, Broad Valley, Man.; Editor of Journal, Miss F. McRae, 44 Evanson St.; Assistant Editor, Miss J. Moody, 76 Walnut St.; Business Manager, Miss E. Timlick, Winnipeg General Hospital; Archivist, Miss S. J. Pollexfen, 954 Palmerston Ave.

NEW BRUNSWICK

SAINT JOHN

A.A., Saint John General Hospital

Hon. President, Miss E. J. Mitchell; President, Mrs. G. L. Dunlop; First Vice-President, Miss Ethel Henderson; Second Vice-President, Mrs. F. McKelvey; Secretary, Mrs. J. Edgar Beyea, 121 Union St.; Treasurer, Miss Kate Holt; *Executive Committee:* Miss Margaret Murdoch, Miss R. Reid, Mrs. J. H. Vaughan.

ST. STEPHEN

A.A., Chipman Memorial Hospital, St. Stephen

President, Miss Myrtle Dunbar; First Vice-President, Mrs. H. W. Short; Second Vice-President, Miss Rosa Madsen; Secretary, Miss Estella Gibbon, St. Stephen; Treasurer, Mrs Cedric H. Dinsmore; *Board of Directors:* Misses J. Sinclair, I. Hart, J. Bavis, Mrs. R. Bartlett; *Committee Conveners:* Programme, Mrs R. Mallory, Misses E. Gibbon, E. Giles, Mrs. H. Short; Refreshment, Misses E. Spinney, D. Devlin, Mrs. R. Bartlett; Nominating, Misses F. Cunningham, I. Hart

WOODSTOCK

A.A., L. P. Fisher Memorial Hospital, Woodstock

Hon. President, Miss Elsie Tulloch; President, Mrs. Harry Dunbar; Vice-President, Miss Gladys Hayward; Secretary-Treasurer, Miss Pauline Palmer; *Board of Directors:* Miss G. Tams, Mrs. B. Sutton, Mrs. Fulton, Miss M. Samphier, Miss N. Veness; *Committee Conveners:* Programme, Mrs. P. Caldwell, Miss E. Kerr, Miss E. Dunbar, Miss B. Bellis; Sick Visiting, Miss H. Cummings, Miss D. Peabody, Miss Mersereau; Editor, Miss M. Samphier.

ONTARIO

BELLEVILLE

A.A., Belleville General Hospital

Hon. President, Miss Florence McIndoo; President, Miss Edith Wright; Vice-President, Miss H. Fitzgerald; Secretary, Miss M. J. Youmans; Treasurer, Miss I. Chatterson, General Hospital; Flower Committee, Miss B. McEwan; Representative to *The Canadian Nurse*, Miss F. Fitzgerald.

BRANTFORD

A.A., Brantford General Hospital

Hon. President, Miss E. M. McKee; President, Miss K. Charnley; Vice-President, Mrs. Jas. Davidson; Secretary, Miss E. Cunningham; Assistant-Secretary, Miss L. Van Every; Treasurer, Miss L. R. Gillespie; *Committee Conveners:* Social, Miss M. Hollister; Flower, Mrs. Phillips, Miss W. Laird, Miss M. M. Nichol; Gift, Mrs. E. Claridge, Miss J. Edmondson; *Canadian Nurse* and Press Representative, Miss H. Diamond; Chairman of Private Duty Section, Miss P. Cole; Representative to Local Council of Women, Miss R. Cleaves.

BROCKVILLE

A.A., Brockville General Hospital

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; Representative to *The Canadian Nurse*, Miss V. Kendrick.

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A.A., Public General Hospital

Hon. President, Miss P. Campbell; President, Miss B. Pardo; Vice-President, Miss K. Crackle; Second Vice-President, Miss F. Houston; Recording Secretary, Miss E. Craig; Corresponding Secretary, Miss R. Willmore; Asst. Secretary, Miss M. Stacey; Treasurer, Miss B. Haley; Press Correspondent, Miss R. Baker; *Committee Conveners:* Refreshment, Miss M. Wickett; Buying, Misses J. Finney, M. McNaughton and Mrs. R. F. Mitchell; Floral, Miss E. Orr; Social, Mrs. T. Burke; *Councillors:* Misses V. Dyer, L. Baird, A. Head, E. Liberty; Representative to *The Canadian Nurse*, Miss P. Griffeth.

A.A., St. Joseph's Hospital

Hon. President, Mother Mary; Hon. Vice-President, Sister M. Consolata; President, Miss Marian Kearns; Vice-Pres., Miss R. Winter; Sec.-Treasurer, Miss M. Nagle; Corr. Secretary, Miss L. Pettypiece, 46 Park St.; *Executive Committee:* Misses F. McCullough, H. Gray, J. Ross, F. Richardson; Representative District 1, R.N.A.O., and *The Canadian Nurse*, Miss R. Winter.

CORNWALL

A.A., Cornwall General Hospital

Hon. President, Mrs. I. P. MacIntosh; President, Miss Verna Meldrum; First Vice-President, Miss Kathleen Burke; Second Vice-President, Miss Elva Empey; Secretary-Treasurer, Miss C. Droppo, Cornwall General Hospital; Representative to *The Canadian Nurse*, Miss H. C. Wilson, Cornwall General Hospital.

GALT

A.A., Galt Hospital

Hon. President, Miss A. Cleaver; President, Miss H. Hyslop; Vice-President, Miss J. Belle; Secretary, Miss S. Post, 123 Grand Ave. S.; Treasurer, Miss H. McLaughlin, Galt Hospital; Flower Convener, Miss M. VanDyke; Press Representative, Miss R. Evans.

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A.A., Guelph General Hospital

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HAMILTON

A.A., Hamilton General Hospital

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A.A., St. Joseph's Hospital, Hamilton

Hon. President, Mother Martina; President, Miss Irene Murray; Vice-President, Miss A. Maloney; Secretary, Miss Lena Curry, 52 North Oval; Treasurer, Miss M. Kelly; Representative to *The Canadian Nurse*, Miss M. Maloney, 31 Erie Ave.; Representative R.N.A.O., Miss Jean Morin.

KINGSTON

A.A., Hotel Dieu, Kingston

Hon. President, Rev. Sister Donovan; President, Mrs. W. G. Elder; Vice-President, Mrs. T. J. Ahearn; Secretary, Miss Olive McDermott; Treasurer, Miss Genevieve Pelow; *Executive:* Mrs. L. Cochrane, Misses K. McGarry, M. Cadden, J. O'Keefe; *Visiting Committee:* Misses N. Speagle, L. Sullivan, L. LaRocque. *Entertainment Committee:* Mrs. R. W. Clarke, Misses N. Hickey.

A.A., Kingston General Hospital

Hon. President, Miss Louise D. Acton; President, Miss Ann Baillie; Vice-Presidents, Misses E. Duncan and E. Sharp; Secretary, Miss Mary Bird, 208 York St.; Treasurer, Mrs. C. W. Mallory, 203 Albert St.; Corresponding Secretary, Miss M. E. Brien, 204 Alfred Street.

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A.A., Kitchener and Waterloo General Hospital

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A.A., Ross Memorial Hospital

Hon. President, Miss E. Reid; President, Miss I. Harding; First Vice-President, Mrs. O. Walling; Second Vice-President, Mrs. M. Thurston; Corresponding Secretary, Miss E. Dawson; Treasurer, Mrs. G. R. Allen; Flower Convener, Miss E. Lowe; Social Convener, Miss K. Mortimore.

A.A., St. Joseph's Hospital

Hon. President, Mother M. Patricia; Hon. Vice-President, Sister M. Ruth; President, Miss Olive O'Neil; First Vice-President, Miss Madalene Baker; Second Vice-President, Miss Eria Beger; Recording Secretary, Miss Gladys Martin; Corresponding Secretary, Miss Irene Griffen; Treasurer, Miss Gladys Gray, Press Representative, Miss Stella Gignac; *Representatives to Registry Board:* Misses Rhea Routtt, Cecile Slattery, Olive O'Neil.

A.A., Victoria Hospital

Hon. President, Miss Hilda M. Stuart; Hon. Vice-President, Mrs. A. E. Silverwood; President, Miss M. M. Jones, 257 Ridout St. S.; First Vice-President, Mrs. P. Allison; Second Vice-President, Miss E. Swetman; Recording Secretary, Miss V. M. Ardiel; Corresponding Secretary, Mrs. F. Dowling; Treasurer, Miss I. Stewart, Victoria Hospital; *Board of Directors:* Misses J. Mortimer, A. Malloch, G. Erskine, C. Gillies, M. McLaughlin, A. Evans.

NIAGARA FALLS

A.A., Niagara Falls General Hospital

Hon. President, Miss M. S. Park; President, Miss V. Coutts; First Vice-President, Miss V. Goodland; Second Vice-President, Miss C. Aitcheson; Secretary-Treasurer, Miss F. G. Loftus; Corresponding Secretary, Miss E. Quinn, Apt. 4, Wilmett St.; Auditors, Miss Day, Mrs. Sharpe; *Sick Visiting Committee:* Misses McCulloch, Wamsley, Mrs. May.

ORILLIA

A.A., Orillia Soldiers' Memorial Hospital

Hon. President, Miss E. Johnston; President, Miss L. McKenzie; First Vice-President, Miss J. Harper; Second Vice-President, Miss C. Robinson; Corr. Secretary, Miss Alice M. Smith, 103 Mary St.; Rec. Secretary, Miss L. M. Whitton; Treasurer, Miss A. V. Reekie, Soldiers' Memorial Hospital, Orillia.

OSHAWA

A.A., Oshawa General Hospital

Hon. President, Miss E. MacWilliams; President, Miss J. McIntosh, 414 Masson St.; First Vice-President, Miss J. Stewart, 134 Alice St.; Second Vice-President, Miss M. Brown, 170 Athol St. E.; Secretary, Miss E. Clark, 97 Athol St. E.; Assistant Secretary, Mrs. L. Kelly, Simcoe Manor, Simcoe St. N.; Corresponding Secretary, Miss H. Darch, 13 Elgin St.; Treasurer, Miss A. Reddon, 512 Simcoe St. N.

OTTAWA

A.A., Lady Stanley Institute (Incorporated 1918)

Hon. President, Miss M. A. Catton; President, Miss Jean Blyth; Vice-President, Miss M. McNicce; Secretary, Miss Gertrude Halpenny, Protestant Children's Village; Treasurer, Miss M. Slinn, 204 Stanley Ave.; *Board of Directors:* Misses E. McColl, S. McQuade, L. Bedford, M. Stewart; *Committee Conveners:* Flower, Mrs. V. Boles; Press, Mrs. W. C. Elmitt; Representative to *The Canadian Nurse*, Miss A. Ebbs.

A.A., Ottawa Civic Hospital

Hon. President, Miss Gertrude Bennett; President, Miss D. Moxley; First Vice-President, Miss E. Curry; Second Vice-President, Miss M. Downey; Recording Secretary, Miss M. Lamb; Corresponding Secretary, Miss E. Fletcher; Treasurer, Miss Winnifred Gemmell; *Committee Conveners:* Flower, Miss L. Barry; Visiting, Miss G. Moloney; Press, Miss E. Pepper; *Councillors:* Misses B. Graydon, H. Johnston, L. Garrett, I. Johnston, F. Dodge.

A.A., Ottawa General Hospital

Hon. President, Rev. Sr. Flavie Domitille; President, Miss G. Clark; Vice-Presidents: Misses M. Munro and Mary Larose; Secretary-Treasurer, Miss Hazel Brennan, Ottawa General Hospital; Membership Secretary, Miss F. Poitras; *Sick Visiting Committee:* Misses Juliette Robert, Stella Kearns, Pauline Bissonnette, Bernadette Legris; Representative to *The Canadian Nurse*, Miss Evelyn Kennedy; *Representative to the 1934 class*, Miss F. Baxter; *Representatives to the Central Registry:* Misses Irene Rogers and Margaret Timmins.

A.A., St. Luke's Hospital

Hon. President, Miss E. Maxwell; President, Miss M. MacLaren; Vice-President, Miss M. Lunan; Secretary, Miss M. Nelson, 44 First Ave.; Treasurer, Miss I. Allan, 1188 Gladstone Ave.; *Central Registry:* Misses M. Wilson, S. Carmichael; *Nominating Committee:* Misses S. Clark, S. Carmichael, E. Young; Representative to *The Canadian Nurse*, Miss M. Drummond, Civic Hospital.

OWEN SOUND

A.A., Owen Sound General and Marine Hospital

Hon. Presidents: Miss E. Webster and Miss B. Hall; President, Miss F. Rae; First Vice-President, Mrs. C. Johnston; Second Vice-President, Miss M. Paton; Third Vice-President, Miss A. Robinson; Secretary-Treasurer, Miss A. Weeden, 1174 1st Ave. W.; Auditor, Mrs. C. Johnston; *Committee Conveners:* Flower, Miss M. Tolton; Visiting, Mrs. McKay; Programme, Miss M. Miller; Refreshment, Mrs. A. Burns; Purchasing, Mrs. D. McMillan; Press, Miss M. Cruickshank; Ways and Means, Mrs. D. McMillan.

PETERBORO

A.A., Nicholls Hospital

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PORT ARTHUR

A.A., St. Joseph's Hospital

Hon. President, Rev. Mother Priscilla; Hon. Vice-Pres., Rev. Sister Melanie; President, Miss E. Laminen; First Vice-Pres., Miss C. McNamara; Second Vice-Pres., Miss M. Hamilton; Rec. Sec., Mrs. G. O'Rourke; Corr. Sec., Miss I. Morrison, 345 Archibald St. N.; Fort William; Treasurer, Miss M. Flanagan.

SARNIA

A.A., Sarnia General Hospital

Hon. President, Miss M. Lee; President, Miss D. Shaw; Vice-President, Miss O. Banting; Secretary, Miss A. Parker; Treasurer, Miss B. McFarlane; *Committee Conveners:* Flower, Miss A. Silverthorne; Programme and Social, Miss L. Segrist; Representative to *The Canadian Nurse*, Miss B. Eastman.

STRATFORD

A.A., Stratford General Hospital

Hon. President, Miss A. M. Munn; President, Mrs K. Snider; Vice-President, Miss D. Robfritch; Secretary-Treasurer, Miss F. Weicker, 44 Blake St.; *Committee Conveners:* Social, Miss M. Thomas; Flower, Miss L. Attwood.

ST. CATHARINES

A.A., Mack Training School

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ST. THOMAS

A.A., Memorial Hospital

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TORONTO

A. A. Grace Division, Toronto Western Hospital

Hon. President, Mrs. C. J. Currie; President, Miss A. O. Bell; Recording Secretary, Miss Doris L. Kent; Corresponding Secretary, Miss May Hood, Grace Hospital, Toronto; Treasurer, Miss V. M. Elliott, 194 Cottingham St.

A.A., The Grant MacDonald Training School for Nurses

Hon. President, Miss E. M. Cook, 130 Dunn Ave.; President, Mrs. C. M. Ash, 130 Dunn Ave.; Vice-President, Miss D. Whetstone; Recording Secretary, Miss Ellen Wheeler; Corresponding Secretary, Miss Frances McLaren, 130 Dunn Ave.; Treasurer, Miss Olive Vaughan; Social Convener, Miss Doris Reid.

A.A., Hospital for Sick Children

Hon. Presidents, Mrs. B. Goodson, Miss F. Potts and Miss K. Panton; Hon. Vice-President, Miss P. B. Austin; President, Mrs. A. Russell; Vice-Presidents, Mrs. W. Kerr, Mrs. A. L. Lanford; Recording Secretary, Miss E. Langman; Corresponding Secretary, Miss S. E. Lewis, 67 College St.; Treasurer, Miss M. Deck; Assistant-Treasurer, Miss M. Elmes; *Committee Conveners:* Social, Mrs. W. Keith; Flower, Miss H. Fisher; Program, Miss H. Elliott; Publicity, Miss M. McCausland; Welfare Auxiliary, Miss H. Parker; *Representatives:* Registered Nurses Association of Ontario, Miss L. Morrison; Local Council of Women, Mrs. D. A. Sword; Private Duty Nurses Group, Miss A. Hulbert; to Registry, Miss H. Rose.

A.A., Riverdale Hospital

President, Miss Armstrong; First Vice-President, Miss Gastrill; Second Vice-President, Miss M. Thompson; Secretary, Miss Staples, Riverdale Hospital; Treasurer, Mrs. H. Dunbar, 63 Peplar Ave.; *Board of Directors:* Miss Mathieson, Miss Stratton, Miss Breeze, Miss Baxter, Miss Lowrie, Riverdale Hospital.

A.A., St. John's Hospital

Hon. President, Sister Beatrice; President, Miss H. Frost; First Vice-President, Miss J. Vanderwell; Second Vice-President, Miss B. Harris; Treasurer, Miss D. Whiting, St. John's Hospital; Recording Secretary, Miss M. Martin; Corresponding Secretary, Miss L. Richardson, St. John's Hospital; *Committee Conveners:* Social, Miss E. Smithett; Sick Visiting, Miss M. Anderson; Press Representative, Miss A. Greenwood.

A.A., St. Joseph's Hospital

Hon. President, Rev. Sister Mary Margaret; President, Miss M. Kelly; First Vice-President, Miss M. O'Malloy; Second Vice-President, Miss V. Sylvian; Recording Secretary, Miss M. Goodfriend; Corresponding Secretary-Treasurer, Miss M. Fuller, St. Joseph's Hospital; *Councillors:* Misses M. McCarthy, F. Lawlor, V. Hanley, T. Currie.

A.A., St. Michael's Hospital

Hon. President, Rev. Sister Norine; Hon. Vice-President, Rev. Sister Jeanne; President, Miss Marie Melody; First Vice-President, Miss Crocker; Second Vice-President, Miss R. Grogan; Third Vice-President, Miss J. O'Connor; Treasurer, Miss G. Coulter, Apt. 404, 42 Isabelle St.; Assistant Treasurer, Miss I. Nealon; Recording Secretary, Miss M. Doherty, St. Michael's Hospital; Corresponding Secretary, Miss K. McAuliffe, Eastwood Apt., Sherbourne St.; *Private Duty Representative,* Miss McGuire; *Public Health Representative,* Miss H. Kerr; *Press Representative,* Miss Regan; *Councillors:* Misses M. Brown, L. McGurk, C. Cronin.

A.A., Toronto General Hospital

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A.A., Toronto Orthopedic and East General Hospital Training School for Nurses

Hon. President, Miss E. MacLean; President, Miss Alma Hunter; Vice-President, Miss L. Robinson; Secretary-Treasurer, Miss Jean McMaster, 155 Donlands Ave.; *Representatives:* to Central Registry, Misses M. Thomson, J. McMaster; to R.N.A.O., Mrs. E. F. Philips.

A.A., Toronto Western Hospital

Hon. President, Miss B. L. Ellis; President, Miss F. Matthews, 74 Westmount Ave.; Vice-President, Miss U. Colwell; Recording Secretary, Miss G. Patterson; Secretary-Treasurer, Miss Helen Stewart, Toronto Western Hospital; Representative to *The Canadian Nurse,* Miss F. Greenaway.

A.A., Wellesley Hospital

Hon. President, Miss Ross; President, Miss Jessie Gordon; Vice-President, Miss Lindsay; Corresponding Secretary, Miss M. Anderson, 168 Isabella St.; Recording Secretary, Miss Bungay; Treasurer, Miss Little, 168 Isabella St.; Correspondent to *The Canadian Nurse,* Miss I. Onslow.

A.A., Women's College Hospital

Hon. President, Mrs. Bowman; Hon. Vice-President, Miss Meiklejohn; President, Miss Worth, 93 Scarboro Beach Blvd.; Secretary, Miss Free, 48 Northumberland St. Treasurer; Miss Fraser, 125 Rusholme Road.

A.A., Connaught Training School for Nurses Toronto Hospital, Weston

Hon. President, Miss E. MacP. Dickson, Toronto Hospital, Weston; Vice-President, Miss Ann Bolwell, Toronto Hospital, Weston; Secretary, Miss G. Leeming, Toronto Hospital, Weston; Treasurer, Miss R. McKay, Toronto Hospital, Weston; Convener of Social Committee, Miss M. Jones, Toronto Hospital, Weston.

WINDSOR

A.A., Hotel Dieu

Hon. President, Rev. Mother Marie; President, Miss Josephine Londeau; First Vice-Pres., Miss Julia Beahn; Secretary, Miss E. Marentette, Hôtel Dieu Hospital; Treasurer, Miss Mary Fenner; *Committee Conveners:* Rev. Sister Roy, Helen Slattery; Representative to *The Canadian Nurse,* Miss Z. Londeau.

WOODSTOCK

A.A., General Hospital

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QUEBEC

LACHINE

A.A., Lachine General Hospital

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